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Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Roma P. Guy, M.S.W
Commissioner

James M. Illig
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

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AGENDA

HEALTH COMMISSION MEETING

Tuesday, January 4, 2005
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. AT 101 GROVE.

THE HEALTH COMMISSION WILL ACT ON THOSE CONSENT CALENDAR ITEMS THAT HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF DECEMBER 21, 2004**
**Minutes of the meeting of December 21, 2004*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sánchez, Jr., Ph.D.)

(3.1) **PHP-Housing & Urban Health** – Request for approval of a retroactive new contract with Episcopal Community Services, in the amount of $210,666, to provide supportive housing services at the Folsom-Dore Apartments, targeting homeless adults, for the period of January 1, 2005 through September 30, 2005.
** Contract summary*

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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(3.2) **AIDS Office-Research** – Request for approval of a renewal contract with PHFE Management Solutions, in the amount of $90,053, to provide fiscal administrative services for the "Post Marketing Surveillance for the OraQuick Rapid HIV-Antibody Test" project, targeting persons who have received an OraQuick test at a CDC or State government-funded site, for the period of January 1, 2005 through June 30, 2005.
** Contract summary*

(3.3) **BHS-Mental Health** – Request for approval of a retroactive renewal contract with the San Francisco Psychoanalytic Institute and Society, in the amount of $101,957, to provide high quality childcare mental health services, for the period of July 1, 2004 through June 30, 2005.
** Contract summary, Monitoring report*

(3.4) **BHS-Mental Health** – Request for approval of a retroactive renewal contract with Children's Council of San Francisco, in the amount of $238,377, to provide Quality Child Care Consultation Services targeting center-based and family child care providers, for the period of July 1, 2004 through June 30, 2005.
** Contract summary, Monitoring report*

(3.5) **BHS-Mental Health** – Request for approval of retroactive renewal contracts with six contractors, for a total for all agencies per year of $403,200, to provide children's mental health services under the Homeless Mental Health Initiative for the period of July 1, 2004 through June 30, 2005, as follows: Asian Women's Shelter, $60,000; Catholic Charities/CYO, $85,000; Compass Community Center, $40,000; Hamilton Family Center, $85,000; La Casa de las Madres, $40,000; and St. Vincent de Paul/Riley Center, $50,000.
** Contract summary, Monitoring reports*

(3.6) **BHS-Mental Health** – Request for approval of a retroactive renewal contract with Seneca Center for Children and Families, in the amount of $3,081,574, to provide residential, day treatment and therapeutic behavioral health services, for the period of July 1, 2004 through June 30, 2005.
** Contract summary, Monitoring report summary*

(3.7) **PHP-BEHM** – Request for approval of a renewal contract with Dillard Environmental Services in the amount of $200,000 to provide hazardous waste management and transportation services, for the period of January 1, 2005 through June 30, 2007.
**Contract summary, Monitoring report summary*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Director's Report*

5) **FOR DISCUSSION AND POSSIBLE ACTION:** **CONSIDERATION AND POSSIBLE ACTION REGARDING THE DIRECTOR'S PROPOSED REDUCTIONS TO HEALTH DEPARTMENT EXPENDITURES FOR FISCAL YEAR 2004-2005 BUDGET (BEILENSON HEARING)**
(Mitchell H. Katz, M.D., Director of Health)
**Possible DPH Expenditure Reductions*

6) **PUBLIC COMMENT/OTHER BUSINESS****

7) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666. Explanatory documents for Item 5 have also been posted at impacted Health Department sites and on the Health Department Website at www.sfdph.org.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

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American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

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The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

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The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.html**

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MINUTES

HEALTH COMMISSION MEETING

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Tuesday, January 4, 2005
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

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1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 3:10 p.m.

Present:	Commissioner Edward A. Chow, M.D., President Commissioner Roma P. Guy, M.S.W. Commissioner James M. Illig Commissioner Lee Ann Monfredini, Vice President Commissioner David J. Sanchez, Jr., Ph.D.
Absent:	Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF DECEMBER 21, 2004

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez) approved the minutes of the December 21, 2004 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Guy and Commissioner Illig attended the Budget Committee meeting.

(3.1) **PHP-Housing & Urban Health** – Request for approval of a retroactive new contract with Episcopal Community Services, in the amount of $210,666, to provide supportive housing services at the Folsom-Dore Apartments, targeting homeless adults, for the period of January 1, 2005 through September 30, 2005.

Commissioners' Comments

- Commissioner Illig appreciates the Department's response to some of the issues raised by the Commission, including Board composition and agency contribution

(3.2) **AIDS Office-Research** – Request for approval of a renewal contract with PHFE Management Solutions, in the amount of $90,053, to provide fiscal administrative services for the "Post Marketing Surveillance for the OraQuick Rapid HIV-Antibody Test" project, targeting persons who have received an OraQuick test at a CDC or State government-funded site, for the period of January 1, 2005 through June 30, 2005.

> Secretary's Note – This contract is presented by AIDS Office-Prevention, not AIDS Office-Research.

Commissioners' Comments

- The Committee requested, at the suggestion of Jimmy Loyce, a report to the Community Programs and Service Joint Conference Committee on the outcomes of the study. This will be scheduled in March 2005.

(3.3) **BHS-Mental Health** – Request for approval of a retroactive renewal contract with the San Francisco Psychoanalytic Institute and Society, in the amount of $101,957, to provide high quality childcare mental health services, for the period of July 1, 2004 through June 30, 2005.

- Commissioner Illig asked what kinds of services are provided to the children. Sandy Schaaf, Executive Director of San Francisco Psychoanalytic Institute and Society replied that they serve three childcare centers. They help center staff and parents learn how to manage children before they develop escalating problems. Commissioner Illig asked if each individual contractor is monitored. Ms. Chan-Sew said that agencies are individually monitored, and the overall program is evaluated.

(3.4) **BHS-Mental Health** – Request for approval of a retroactive renewal contract with Children's Council of San Francisco, in the amount of $238,377, to provide Quality Child Care Consultation Services targeting center-based and family child care providers, for the period of July 1, 2004 through June 30, 2005.

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(3.7) **PHP-BEHM** – Request for approval of a renewal contract with Dillard Environmental Services in the amount of $200,000 to provide hazardous waste management and transportation services, for the period of January 1, 2005 through June 30, 2007.

Commissioners Comments (at the Health Commission meeting)

- Commissioner Chow appreciates the staff's edification of the High Quality Child Care Mental Health Initiative and the Homeless Mental Health Initiative. He would like the Joint Conference Committee to explore these two initiatives further.
-

Action Taken: The Health Commission (Chow, Guy, Illig, Monfredini, Sanchez) approved the Budget Committee Consent Calendar.

Item 3.2 was referred to the Community Programs and Service Joint Conference Committee for a report in March 2005 on survey findings. The High Quality Child Care Mental Health Initiative and Homeless Mental Health Initiative were also referred to the Community Programs and Services Joint Conference Committee.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., presented the Director's Report.

FY 05-06 Budget Preparation

The Department of Public Health is working on the budget for FY 05-06. The Mayor's Office of Finance estimates that the City-wide deficit will be $130 million, after taking mid-year reductions into account. This figure includes negotiated MOU increases for Civil Service classes, but does not include increases that that will result from contracts up for negotiation. DPH's contract for nurses and nurse supervisors are among these.

Budget reduction targets have not been set by the Mayor for large departments, including Public Health. Smaller departments have been asked to absorb their own inflationary cost increases within their existing general fund. Larger departments are continuing to meet with the Mayor's Office of Finance to set individual targets.

In the meantime, DPH staff has completed initial forecasts of revenue for next year, and have also identified the structural, inflationary, and regulatory items that will affect Department expenses in the coming year. Dr. Katz plans to make an initial presentation to the Health Commission on these items at the January 18th meeting.

Project Homeless Connect

On December 8, 2004, over 300 volunteers participated in the second Project Homeless Connect. The goal of the event is to reach out to homeless people living on streets of the Tenderloin/South of

Market and help connect them to medical, behavioral health, benefits, legal, and housing services. The event operated out of two main service sites – 201 Turk Street Community Center and 6th/Folsom Recreation Center. By all accounts the day was a huge success. The two centers provided services to over 600 people. Fifty-four chronically homeless persons were housed in stabilization units that day and were connected to ongoing intensive case management. On-site medical services were highly utilized with the majority of patients having little or no prior connection to the primary care system. Nine people who came into the two sites had severe medical conditions and needed to be transferred to SFGH. The Department provided a tremendous amount of support for the day through many sections. Judith Klain provided planning and logistics support. The next Project Homeless Connect is scheduled for February 24, 2005.

Homeless Count

The Department of Human Services is coordinating this year's Homeless Count, which is required by HUD to be eligible for McKinney funding. The goal of the Homeless Count is to document the size and locations of San Francisco's unsheltered homeless population, leading to better services and increased funding to address homelessness. The Homeless Count is a volunteer effort. Volunteers will be placed teams and assigned to designated routes. This year's Homeless Count will be taking place on January 25, 2005 from 7:00 pm until 12:00 a.m., and will be staged from 101 Grove Street. Those interested in volunteering should call 557-5241 or e-mail: Shelagh.Little@sfgov.org.

Commendation For Environmental Health Inspectors

Today, the San Francisco Board of Supervisors will consider Supervisor Peskin's commendation acknowledging the public health efforts of the Department's environmental health inspectors. The resolution recognizes the innovative and inspirational work of Principal Health Inspector Lisa O'Malley and her Health District Four team—Mary Freschet, Dawit Furgassa, Jackie Greenwood, Uzziel Prado, Mel Seid, Calvin Tom, Melinda Tyler and Nancy Yee. The Health District Four team is being acknowledged for its visionary approach to compliance, enforcement, training and the educational needs of residents and business owners. The Rodent Abatement program for Chinatown, collaboration with the Department of Building Inspection, and field-based education and training for food industry workers exemplify this approach. Dr. Katz congratulated these inspectors for their exemplary leadership and public health service.

Commissioners' Comments

- Commissioner Illig asked the Department to consider the cost of contractor COLAs as one of the inflationary, structural costs to the Department. Dr. Katz replied that he intends to present this information on January 18, 2005.

5) CONSIDERATION AND POSSIBLE ACTION REGARDING THE DIRECTOR'S PROPOSED REDUCTIONS TO HEALTH DEPARTMENT EXPENDITURES FOR FISCAL YEAR 2004-2005 BUDGET (BEILENSON HEARING)

The Beilenson Hearing FY 2004-2005 Mid-Year Reduction Plan is attached (Attachment A).

Public Comment

- J.W. Sheffield, Clinical Social Worker at Maxine Hall Health Center, asked the Commission to reconsider the elimination of the Senior Medical Social Worker classification. He submitted information on the Senior Medical Social Worker position (on file in the Health Commission office).

- Ines Ascencio, Senior Medical Social Worker at Southeast Health Center, said if her position were eliminated, they would not be able to meet the needs of the Spanish speaking community that they serve. These social workers provide direct services and bring in revenue.

- Susan Schneider said the ten Senior Medical Social Workers have dedicated their careers to the most complex DPH patients, and provide direct services. She urged to Health Commission to reconsider these cuts.

- Sharon Pretti, licensed clinical social worker at Laguna Honda, said the social worker supervisors provide direct services, and the loss of these positions will mean a delay in services.

- Paul Kelley, hospice social worker at Laguna Honda, said money is always an issue. He is deeply concerned about the cutbacks. The loss of the social worker positions will delay critically needed services.

- Sue Carlisle, M.D., Associate Dean for UCSF at San Francisco General Hospital, expressed concern about the reduction to amount of the affiliation agreement between UCSF and SFGH. This past year, in meetings with the Mayor's Office, they identified $1.1 million in one-time expenses that could be used to offset cuts with the expectation that the situation would improve. There was also an additional allocation that way taken away. This means doctors will have to ration care.

- Valerie Ng, M.D., Chief of Medical Staff, SFGH, said the cut to the affiliation agreement is very difficult to manage. This means the medical staff can no longer provide the level of services that is provided today. The medical staff will be discussing how to ration care. This is very hard to undertake.

- Karla Thurston, member of San Francisco Community Clubhouse, spoke against cuts to mental health services.

- Rickard Soich, Continuum, said services to low-income people are valuable services. The cuts will be detrimental to people with multiple diagnoses.

- Denis Beaulne, Member of Continuum, said every year the clients need to be stressed out over potential cuts. He submitted a letter signed by members of Continuum HIV Day Services (on file in the Health Commission office).

- Joseph Contreras, member of Continuum, urged the Health Commission to reconsider any cuts that may impact these important services.

- Barbara Rothkrug, Public Health Nurse, said that the proposed cuts with impact maternal child health services. The proposed reductions will impact Spanish-language services, billing and other services.

- Linda Mullen, Public Health Nurse at Curry Senior Center, said without public health nurses, there would be more emergency services, hospitalization and institutionalization. She submitted a column written by Joan Ryan about the work of DPH public health nurses (on file in the Health Commission office).

- Paul Wagoner, San Francisco Community Clubhouse, said this program provides critical services.

- Jeanine Bray, Activity Therapist at LHH, said with more and more disturbed people coming to Laguna Honda, it is critical that the Senior Medical Social Worker positions be maintained.

- Ray Stuart, Medical Social Worker at LHH, spoke in support of the Senior Medical Social Worker positions. Social workers are key in discharge planning, which is one of the Mayor's priorities. Mr. Stewart submitted a petition in support of the social worker positions (on file in the Health Commission office).

- Cindy Gyori, Hyde Street Community Services, said they have made many modifications to their services based on new emphases on new City priorities and have participated in all of the Mayor's homeless initiatives. Now they are being asked to cut services. Also, people who do not need services do not exist in the Tenderloin. She submitted letters with information on the population they serve and the impacts of the cuts (on file in the Health Commission office).

- Michael Blecker, Executive Director of Swords to Plowshares, spoke against the cuts to services to people who are not categorized as seriously mentally ill. Veterans' issues should be considered seriously.

- Bart Casimir, Swords to Plowshare, said that post traumatic stress disorder is a serious mental illness.

- Antoinetta III, chair of the Tom Waddell Advisory Board, said there is no more fat to trim from organizations that are being cut. Even small cuts have large impacts on people.

- Will Dempsey, client of the Tenderloin Mental Health Clinic, said that a $40,000 savings would cost much more over the long term. If we really want to save money, keep services.

- Eve Meyer, ED of San Francisco Suicide Prevention, spoke in opposition to the cuts to mental health services to people with "minor" mental illness. Catastrophic mental health increases suicide, pushes people up to more critical needs.

- Mark Molnar, Shanti, said that hundreds of volunteers provide 2,000 hours of services to people with HIV and AIDS. The volunteer is often a client's only connection to the outside world. It is not smart thinking to cut volunteer programs.

- Manuel Vasquez, Mission Mental Health, said that the proposed cuts are a contradiction to the Strategic Plan that was recently approved by the Health Commission. Do not cut services that are unique to San Francisco.

- Ellie Dwyer, Clinic Director at Mission ACT, said that Mission ACT has lost two staff positions, which has meant a reduction in services to the patients that cost the City the most money. These kinds of cuts are working at cross-purposes with the Mayor's goal of reducing homelessness.

- Tara Stacker, Shanti, spoke on behalf of the more than 200 volunteers who would be impacted by theses cuts. These volunteers provide more than 2,000 hours of services. Volunteers provide practical and emotional support.

- Stacey Mandel-Sonner, Shanti, spoke in support of Shanti's services, and read a statement from a client that receives aid from a Shanti volunteer.

- James Rousku, client at Shanti, said he and many people like them depend on Shanti's services.

- Rosalyn Roddy, social worker at Southeast Child/Family treatment center, said the population they serve in Visitation Valley is disenfranchised and extremely diverse. The leadership provided by the Senior Medical Social Worker is critical to providing services. The loss of this position would mean the loss of the girls' group and Spanish-language capacity.

- Toho Soma, Shanti volunteer, said the clients he has worked with have taught him so much. San Francisco has been a global leader in the treatment of HIV. Now the services that put San Francisco a notch above are being cut. He read a statement from one of his clients (on file in the Health Commission office).

- Eric Sutter, Shanti peer advocate, spoke in support of the numerous clients and volunteers that would be impacted by the proposed cut.

- Tracy Brown, Executive Director of Tenderloin AIDS Resource Center, spoke in support of the HIV/AIDS services that are proposed to be cut. Alternative therapies are critical for their patients, and help them stay engaged in care.

- Sophia Lau, Chinatown Public Health Center, spoke in support of the nutritionist at the health center. They have the only project in the State of California that targets obesity in the monolingual Chinese population.

- Jane Russell White opposed cuts to alternative medicines that help her survive. Due to services from Shanti, the Black Coalition on AIDS and the Quan Yin Healing Arts Center, she is able to lead a normal life. She read a letter from her Shanti volunteer.

- Bobby Martin, client at Hyde Street Community Services, said all the clients there want to protest the cuts to mental health services.

- Hulda Brown, vice president of Quan Yin Healing Arts Center, said San Francisco is known for its services to HIV services, but these services continue to be cut. Quan Yin provides people with services they cannot get elsewhere.

- Enrique Lopez-Castro, who works at Instituto Familiar de la Raza as an intern, said the Latino immigrant community is concerned about cuts to the Mental Health System. The immigrant community has many mental health issues and do not have access to the system due to legal status. If there are not enough therapists that speak the language, services are effectively eliminated.

- Rebecca King Morrow, Public Health Nurse, said that there is a nursing shortage, and DPH nurses have many opportunities. If these positions are cut, DPH is not going to get these nurses back. Nurses can get other jobs, but patients cannot get other services.

- Martha Hawthorne, Public Health Nurse at Castro Mission Health Center, said although she will remain after the budget cuts, her job will become undoable and she will have to choose who will and will not get care. She is pleased that 11 nursing positions have been restored, but the 11 that are being cut will decimate the system.

- Helen Yuen, Advisory Council Member of Chinatown Health Center, asked the Commission to keep the nutritionist at the Health Center. This is a critical position.

- Laurie C. said that cuts to mental health services will have long term effects, and asked the Health Commission not to cut $40,000 from Hyde Street Community Services.

- April Lax, Senior Social Worker at Health At Home, read a letter from Health at Home social workers. Losing these positions will make a bad situation worse.

- Sandra Aseltine, Senior Medical Social Worker at Tom Waddell, said senior medical social workers provide a variety of direct services. She submitted a petition in support of reinstating the social worker positions (on file at the Health Commission Office)

- Carla Wilson, Quan Yin Healing Art Center, clarified that MediCal and Medicare does not cover acupuncture. With the proposed cuts, more than 600 people currently accessing alternative therapy will lose services. She submitted a written statement about the impact of the cuts (on file in the Health Commission office).

- Barbara Farrell, ED of Ohlhoff Recovery Services, said the goal should be to have more mental health services, rather than cutting services for things that are not considered "serious."

- Jessica Berman, Shanti, thanked the Health Commission for advocating to restore funding for Shanti's breast cancer services. She asked the Commission to further advocate to restore services for HIV/AIDS peer resource services.

- Michael Lyon, Gray Panthers and Coalition for Public Health, said this is not Beilenson Hearing, because that should be held by the Board of Supervisors. Aleeta Van Runkle, Deputy City Attorney, responded to this issue and advised that the Health Commission is the appropriate place for this hearing to be held, due to the nature and timing of the proposed reductions.

- Carl Stokes, spoke on behalf of Quan Yin and Shanti, and said that volunteers take care of everything that can fall apart for the clients. All the cuts are bad.

- Laurie Hampton, co-founder of Justice for Homeless San Francisco, said she has already felt the impact of past cuts. The nurses are the ones that mainly serve people with chronic mental health problems.

- Robert Haaland, SEIU 790, spoke in opposition to all the healthcare cuts. The Health Commission should take an active role in this process by saying these programs should not be cut, and instead figure out how to save the programs. These are desperate times. Union members have participated in creative budget problem solving. Halt the layoffs and look at other options.

- Dale Milfay, Chair of San Francisco NAMI, asked the Health Commission to stop these draconian cuts. These cuts will result in more homelessness. If mental ill people are not indigent, they do not get taken care off. Do not make cuts on the backs of the poor.

- Kent Woo, NICOs, thanked the Commission for working to save the anti-gambling initiative, and asked the Commission to oppose cuts to mental health services. This will lead to discrimination against mentally ill people without a payer source.

- Otto Duffy, Tom Waddell Advisory Board, said the cuts should come from the top, not the bottom. It is important that people take advantage of every opportunity to fight for these services. Another opportunity to increase revenue is to have MediCal reimbursements go directly to DPH, rather than the general fund.

- Doris Hom, Public Health Nurse, said people with health insurance, family and friends, and who speak English should be considered lucky. Public Health Nurses are the last resort, and the plug in the dyke of overwhelming health problems. Public health nurses save lives and money.

- Sam Katheberg, Bayview Clubhouse, said society is only as good as the way it treats its minorities, indigent, poor and people who are different. The cuts will have a huge impact on services at the Bayview Clubhouse.

Commissioners' Comments

- Commissioner Guy asked Dr. Katz to clarify the cuts over the past year to the UC affiliation agreement. Dr. Katz said that the affiliation agreement states that the City and County of San Francisco will pay for the cost of UC providing services at SFGH. UC and the City have confirmed that with the current delivery of services, the agreement is underfunded by approximately $3 million. Ms. O'Connell and UC leadership met with the Mayor's Office to discuss revenue maximization opportunities, but identified no new options. The Mayor allocated $2.3 million in additional funding to the agreement in FY 04-05, and this has been withdrawn. The reduction needs to be implemented over an 18-month period. Ms. O'Connell is working collaboratively with the Associate Dean to determine how to live within this smaller amount. It is unlikely that major service cuts will happen in this fiscal year, which could mean larger cuts beginning July 2005. Commissioner Guy said there needs to be transparent discussions with the Health Commission about these decisions, particularly if services are going to be cut.

- Commissioner Illig was troubled to hear the amount of direct services that are provided by the Senior Medical Social Worker positions. Will the people that are currently in these positions be able to remain in the Health Department? Dr. Katz DPH might lose some to retirement, but others will move to a clinical social worker position or some other position.

- Commissioner Sanchez said there is a distinct relationship between a continuum of care and the provision of quality care. The model over the past year has been to redefine and reconfigure in an attempt to deal with constant cuts. But soon there will be nothing left. Cutting edge models, such as the SFGH/UCSF dental clinics, are gone. But the battle is not lost yet, and we must work together to come up with new revenue models.

- Commissioner Illig said DPH cut 130 administrative FTEs last year. This past November, the Department was faced with $15.5 million in cuts. These have been reduced, but there are severe cuts to vulnerable populations. As a member of the Budget Committee, he will look more diligently at every one of the general fund contracts to make sure money is spent as effectively as possible and meets the Strategic Plan.

- Commissioner Mondredini would like to see all these cuts restored, but she is particularly concerned about cuts to programs that are volunteer-based. These programs cost pennies, yet provide overwhelming services.

- Commissioner Chow asked what the next steps were in terms of the proposed cuts. Dr. Katz said it was the Health Commission's legal responsibility to notice the proposed reductions and hold the Beilenson hearing. With that done, the Health Commission's responsibility ends. Dr. Katz noted that over the past three years, DPH's general fund allocation as dropped by $73 million, and this does not take into consideration the expanded scope of DPH services. It is due to the committed and talented staff that programs are still running effectively, and this is quite an achievement. Commissioner Chow thanked the public for coming to the meeting, and putting a human face to the reductions. The Commission cannot do much to prevent the current round of cuts, as the Department cannot overexpend its budget. However, today's testimony will stay with each commissioner as we move into next year's budget discussions.

6) PUBLIC COMMENT/OTHER BUSINESS

Howard L. Chabner – written summary attached.*

7) ADJOURNMENT

The meeting was adjourned at 6:01 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachments: (1)

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be reflected in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

Howard L. Chabner, Item 6 - I am gravely concerned about what is happening to Laguna Honda, its residents and its historic mission. An elderly relative who is severely disabled due to a serious, progressive, debilitating medical condition lives there.

In the past year the medical care has remained very good but Laguna has significantly deteriorated. There have been sexual assaults on defenseless residents, other incidents of violence, arson and threats by residents (and their visitors) with serious, violent psychiatric disorders and significant substance addiction.

This is due directly to the new mission and admissions policies, which have resulted in admissions of dangerous patients. The latest policy removes “long term care” from Laguna’s mission.

Please protect Laguna residents, continue its historic mission of providing long-term skilled nursing and medical care to disabled and elderly San Franciscans with serious medical conditions, and stop the betrayal of the voters who approved the rebuild bond.

BEILENSON HEARING FY 2004-05 MID-YEAR REDUCTION PLAN

AS OF DECEMBER 16, 2004

Facility	Service Description	FTE's Change FY 2004-05	Annual FTE Change	Expected Savings FY 2004 2005	Expected Savings FY 2005-2006	18 Month Total	Description of Change	Annual Number Clients/Patients Affected
Shanti - Emotional & Practical Support, 730 Polk Street	Life needs assessment, practical and emotional support, and socialization opportunities for HIV/AIDS clients	0.00	0.00	173,894	379,275	553,169	Decrease in funding effective January 15, 2005	Up to 600 clients annually
Quan Yin Healing Arts Center, 455 Valencia	Alternative end complementary therapies for HIV/AIDS clients such es acupuncture, massege therapy, group health education, nutritional consultation and herbs/herbal consultation	0.00	0.00	54,725	119,400	174,125	Elimination of funding effective January 15, 2005	202 clients annually
Immune Enhancement Project, 3450 16th Street	Alternative end complementary therapies such es acupuncture massage therapy, nutritional consultation and herb/herbal consultation for HIV/AIDS clients	0.00	0.00	128,959	281,365	410,324	Elimination of funding effective January 15, 2005	324 clients annually
Haight-Ashbury Free Clinics, 558 Clayton Street	Alternative and complementary therapies such as acupuncture, therapeutic body work and herbal therapy for HIV/AIDS clients	0.00	0.00	64,665	141,087	205,752	Elimination of funding effective January 15, 2005	98 clients annually
UCSF Department of Psychiatry, UC Health Project	AIDS - Intravenous Drug User Case Coordination and counseling	0.00	0.00	38,597	84,212	122,809	Elimination of funding effective January 15, 2005	55 clients annually

Attachment A, Page 1

BEILENSON HEARING FY 2004-05 MID-YEAR REDUCTION PLAN

AS OF DECEMBER 16, 2004

Facility	Service Description	FTE's Change FY 2004-05	Annual FTE Change	Expected Savings FY 2004 2005	Expected Savings FY 2005-2006	18 Month Total	Description of Change	Annual Number Clients/Patients Affected
Project Open Hand, 730 Polk Street	Meals for Continuum Project including nutritional counseling for HIV/AIDS clients	0.00	0.00	30,496	66,537	97,033	Elimination of funding effective January 15, 2005	112 clients annually
Continuum HIV Day Services, 255 Golden Gate Avenue	Adult Day Health Care, Counseling for HIV/AIDS clients	0.00	0.00	111,613	243,519	355,132	Elimination of funding effective January 15, 2005	112 clients annually
San Francisco General Hospital	Clinical Services	0.00	0.00	377,143	822,857	1,200,000	Reduce inpatient and outpatient medical services provided by UCSF medical staff and support staff under contract with City.	The City negotiating the impact of the reduction on UCSF services so we are unable to estimate number of clients impacted at this time.
Health at Home	Public Health Nurses visits to chronic care patients who are predominantly homebound	5.64	11.50	296,974	667,740	964,714	Deletion 50% of the chronic care public health nurses and preservation of public health nurses in Maternal Child Health	Each Public Health Nurse provides approximately 188 visits annually. 11.5 Public Health Nurses provide 2,162 visits annually. Estimated impact on 520 unduplicated clients.
San Francisco General, Laguna Honda Hospital, Primary Care Clinics, Mental Health Clinics	Management and supervision of social workers	3.63	7.91	242,111	528,241	770,352	Eliminate middle managers of social workers.	No anticipated change in number of clients serviced. Unable to estimate total number of hours of service provided by these social workers directly to clients

Attachment A, Page 2

BEILENSON HEARING FY 2004-05 MID-YEAR REDUCTION PLAN

AS OF DECEMBER 16, 2004

Facility	Service Description	FTE's Change FY 2004-05	Annual FTE Change	Expected Savings FY 2004 2005	Expected Savings FY 2005-2006	18 Month Total	Description of Change	Annual Number Clients/Patients Affected
Adult System of Care and Private Providers: Asian American Recovery Service, 965 Mission #325, Baker Places, 600 Townsend #200-E, BVHP 3rd St. Adult, 5815 Third St., Center for Special Problems, 1700 Jeckson, Central City Seniors, 90 Ven Ness, Chinatown/N. Beach Mental Health Clinic, 729 Filbert, Conard House, 149 Ninth St. #430, Episcopal Community Svc, 165 Eighth St., 3rd Floor, Family Service Agency, 1010 Gough, Instituto Familiar de la Raza, 2919 Mission, Mission ACT, 2712 Mission, Mission Mental Health OP Clinic Team 2, 298 Monterey Blvd. Mobile Crisis, 1520 Howard, New Leaf, 1853 Market St.,OMI Family Center, 1760 Ocean, RAMS Dual Diagnosis Program, 3626 Balboa St., Sage Project Inc., 1275 Mission, SE Mission Geriatric, 3901-05 Mission, SFGH Crisis Resolution, 1001 Potrero, SFGH Infant Parent Program, 1001 Potrero Ave., SFGH/Psych/Em Dept High Users, 1001 Potrero Ave., Shrader House, 50 Shrader St., South of Marker Clinic, 760 Harrison, Sunset Mental Health Clinic, 1990-41st Ave., Swords to Plowshares, 1060 Market St., Tenderloin Clinic OP, 251 Hyde St., UCSF AIDS Health Project, Box 0884, UCSF Center on Deafness, 3333 California, Ste. 1, UCSF Crisis Resolution Team, 1001 Potrero Ave.	Mental Health Services to indigent clients	2.50	5.40	658,242	1,436,164	2,094,406	Reduction in services effective January 15, 2005 to adult medically indigent clients who are suffering from a mental disorder, but who are not seriously mentally ill. Clients who may not be seen would include those suffering from anxiety disorders, relational problems and mild depression. Clients suffering from severe depression, bi-polar end psychotic disorders and gender identity disorders as well as all MediCal beneficiaries would continue to receive treatment based on medical necessity criteria.	Approximately 1,710 adult medically indigent clients annually

Attachment A, Page 3

BEILENSON HEARING FY 2004-05 MID-YEAR REDUCTION PLAN

AS OF DECEMBER 16, 2004

Facility	Service Description	FTE's Change FY 2004-05	Annual FTE Change	Expected Savings FY 2004 2005	Expected Savings FY 2005-2006	18 Month Total	Description of Change	Annual Number Clients/Patients Affected
Pharmacies who provide prescription benefits to CHN clients	Drug benefits	0.00	0.00	127,875	279,000	406,875	Require a $5 per generic prescription or $10 per non-generic prescription co-payment from patients whose incomes exceed 100% of the Federal Poverty Level (FPL). This does not apply to clients seeking psychotropic medications.	Currently provide benefits to 35,000 clients annually. Anticipate impact on 3,850 patients annually.
Health Clinics Castro Mission Health Center 3850 17th. Street, Maxine Hall Health Center 1301 Pierce St Silver Avenue Health Center 1525 Silver Ave Chinatown Public Health Center 1490 Mason St. Ocean Park Health Center 1351 24th Ave, Special Program for Youth (SPY) 375 Woodside, Tom Waddell Health Center 50 Ivy St Curry Senior Center 333 Turk St.	Primary Care	4.44	14.32	710,048	1,545,093	2,255,141	Reduce triage, pregnancy testing, TB screening, immunization at nurse run clinics including Castro Mission, Maxine Hall, Silver Avenue, Chinatown, Ocean Park, Southeast, Potrero Hill, Tom Waddell, and Special Program for Youth. Reduce prenatal assessments at Silver Avenue, Chinatown and Ocean Park Duties including intake, referrals and patient education Reduce extended evening hours at Castro Mission health Center, Maxine Hall Health Center, and Special Programs for Youth. Will maintain Dimensions Clinic and Tattoo Removal Clinics at Castro-Mission Health Center.	Up to 4,000 clients may have longer waits for appointments.

City and County of San Francisco
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Department of Public Health
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San Francisco, CA 94102

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President

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Commissioner

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Commissioner

David J. Sánchez, Jr., Ph.D.
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Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

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AGENDA

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HEALTH COMMISSION MEETING

Tuesday, January 18, 2005
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

20
18/05

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. AT 101 GROVE.

THE HEALTH COMMISSION WILL ACT ON THOSE CONSENT CALENDAR ITEMS THAT HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JANUARY 4, 2005**
**Minutes of the meeting of January 4, 2005*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sánchez, Jr., Ph.D.)

(3.1) **BHS-Substance Abuse** – Request for approval of retroactive contract renewal with Addiction Research and Treatment, Inc. dba BAART, in the amount of $5,740,202, to provide substance abuse treatment services, for the period of July 1, 2004 through June 30, 2005.
* *Contract summary, Monitoring report summaries, Client demographic information forms*

(3.2) **BHS-Substance Abuse** – Request for approval of a retroactive renewal contract with Curry Senior Center, in the amount of $510,188, to provide substance abuse treatment and mental health services, for the period of July 1, 2004 through June 30, 2005.
** Contract summary, Monitoring report summaries, Client demographic information forms*

(3.3) **BHS-Substance Abuse** – Request for approval of a retroactive renewal contract with Westside Community Mental Health Center, Inc., in the amount of $2,850,755, to provide substance abuse treatment services, for the period of July 1, 2004 through June 30, 2005.
** Contract summary, Monitoring report summaries, Corrective action plans, Client demographic information forms*

(3.4) **BHS-Mental Health** – Request for approval of a retroactive renewal contract with Westside Community Mental Health Center, Inc., in the amount of $6,420,746, to provide mental health services and fiscal intermediary services targeting adults and youth/adolescents, for the period of July 1, 2004 through June 30, 2005.
** Contract summary, Monitoring report summaries, Client demographic information forms*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **PRESENTATION OF THE EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF JANUARY**
**List of Awardees*

6) **FOR DISCUSSION:** **STATE AND FEDERAL LEGISLATIVE UPDATE**
(Colleen Chawla, Deputy Director, Office of Policy and Planning)
**State and Federal Legislative Update*

7) **FOR DISCUSSION AND ACTION:** **CONSIDERATION OF A RESOLUTION APPROVING THE CHILDHOOD NUTRITION AND PHYSICAL ACTIVITY TASK FORCE REPORT RECOMMENDATIONS**
(Iman Nazeeri-Simmons, Adolescent Health Coordinator)
**Report, Draft Resolution*

8) **FOR DISCUSSION:** **FY 2005-2006 BUDGET PRESENTATION: INFLATIONARY, STRUCTURAL, REGULATORY, REVENUE-NEUTRAL AND REVENUES**
(Mitchell H. Katz, M.D., Director of Health)
**Budget Overview*

9) **PUBLIC COMMENT/OTHER BUSINESS****

10) **CLOSED SESSION**

A) Public Comments on All Matters Pertaining to the Closed Session

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

APPROVAL OF A SETTLEMENT IN THE AMOUNT OF $12,500 IN PENTECOST v.SAN FRANCISCO UNIFIED SCHOOL DISTRICT AND DEPARTMENT OF PUBLIC HEALTH, COMMUNITY MENTAL HEALTH SERVICES, CASE No. SN 04-02023, FILE No. 021183

D) Reconvene in Open Session

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).) (Action Item)

11) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.html**

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Roma P. Guy, M.S.W
Commissioner

James M. Illig
Commissioner

David J. Sánchez, Jr., Ph.D.
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HEALTH COMMISSION

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, January 18, 2005
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

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8/05

1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D., President
Commissioner Roma P. Guy, M.S.W.
Commissioner James M. Illig
Commissioner Lee Ann Monfredini, Vice President
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

President Chow announced that the election of Health Commission officers, which normally takes place at the first meeting after January 15th of each year, is being postponed to give Mayor Newsom additional time to make Commission appointments.

President Chow also announced that Commissioner Roma Guy would be reappointed to the Health Commission on Friday, January 21, 5:00 p.m.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JANUARY 4, 2005

Action Taken: The Commission approved the minutes of the January 4, 2005 Health Commission meeting.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Guy and Commissioner Illig attended the Budget Committee meeting.

(3.1) **BHS-Substance Abuse** – Request for approval of retroactive contract renewal with Addiction Research and Treatment, Inc. dba BAART, in the amount of $5,740,202, to provide substance abuse treatment services, for the period of July 1, 2004 through June 30, 2005.

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(3.3) **BHS-Substance Abuse** – Request for approval of a retroactive renewal contract with Westside Community Mental Health Center, Inc., in the amount of $2,850,755, to provide substance abuse treatment services, for the period of July 1, 2004 through June 30, 2005.

Commissioners' Comments

- Commissioner Guy asked why the program received such a low performance score, and what steps the agency is taking to ensure that the next evaluation results in higher scores. Abner Boles, Executive Director of Westside Community Mental Health, replied that there were two primary reasons for the low score: staff turnover and a new approach to serving their population. The agency has applied for additional technical assistance from the AIDS Office, hired a Director of Clinical Services and carved out a quality assurance position, all steps that should improve performance. Moreover, additional management should positively impact staff turnover. Commissioner Guy urged the staff and the agency to problem solve throughout the year.

(3.4) **BHS-Mental Health** – Request for approval of a retroactive renewal contract with Westside Community Mental Health Center, Inc., in the amount of $6,420,746, to provide mental health services and fiscal intermediary services targeting adults and youth/adolescents, for the period of July 1, 2004 through June 30, 2005.

Action Taken: The Health Commission approved the Budget Committee Consent Calendar.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

State Budget

On January 10th, the Governor released his proposed budget for FY 2005-06. Notable health-related proposals include redesign of the Medi-Cal program designed to generate administrative savings of $12.3 million, expansions of health insurance coverage for children, a new Obesity Initiative, creation of California Rx – Prescription Drugs for the Uninsured, expansion of the Genetic Disease Testing Fund to test and treat newborns for genetic disease, a revenue decrease for Proposition 99, increases in Realignment revenues to cover unfunded 02-03 and 03-04 caseloads, suspension of SSI COLAs, and changes to the outpatient prescription drug program for dually eligible Medi-Cal/Medicare recipients.

Collaboration between UCSF School of Pharmacy and Laguna Honda Hospital

This month, Laguna Honda Hospital's Volunteer Services and Pharmacy departments are implementing a new collaborative program between the UCSF School of Pharmacy and Laguna Honda. Under the program, known as "Patient as a Person," first year UCSF pharmacy students will observe and experience patient care as hospital volunteers. Each student will visit with a specific resident for at least a half an hour per week in order to better understand the patient's perspective. Approximately 120 students representing a diverse set of language skills are participating in the program. Laguna Honda staff is hopeful that this program will not only be a great benefit to the residents but also that some of the students will remain at Laguna Honda as ongoing volunteers and/or members of the pharmacy team.

Drug Discount Card Enrollment Week

The Department, along with the Bernal Heights Neighborhood Center, Self-Help for the Elderly, Network for Elders, Senior Action Network, Department of Human Services and the Mayor's Office of Disability are sponsoring a "Drug Card Blitz Week" from Jan 31st to February 4th. The weeklong event is designed to help seniors and individuals with disabilities learn more about the changes in Medicare and assist them in signing up for benefits that could save them money on their prescriptions. Organizers have planned a press conference for Tuesday at noon in front of City Hall with Supervisor and Board President Aaron Peskin. The enrollment events are being offered throughout the City in English, Chinese, Spanish, Tagalog, Samoan, and Russian.

San Francisco Local Homeless Coordinating Board Restructuring

On January 10th, the Board of Supervisors passed a resolution restructuring the Local Homeless Board (Local Board). The restructuring is based upon a consensus proposal that came from the Local Board itself. The existing 35-member Local Board will be disbanded and replaced by a new nine-member body. The Mayor and the Board of Supervisors will each have four appointments and the Controller one appointment from the following constituencies: representatives of homeless, formerly homeless, community and advocacy organizations, service-provider agencies, business and corporate sectors and the foundation community. The Local Board will have two full time staff members, an Executive Director and an Administrative Assistant who will handle the day-to-day operations of the Board. DPH staff, in addition to staff from the Department of Human Services, the Mayor's Office of Housing, and the Mayor's Office of Community Development, will continue to support Local Board efforts and provide relevant information and act as a resource for the Local Board.

Community Health Network, San Francisco General Hospital, Credentials Report, January 2005.

	01/05	07/04 to 01/05
New Appointments	8	134
Reinstatements	0	0
Reappointments	43	225
Delinquencies:		0
Reappointment Denials:		0
Resigned/Retired:	4	99
Disciplinary Actions		0
Restriction/Limitation-Privileges	0	0

Deceased	0	0
Changes in Privileges		
Additions	4	50
Voluntary Relinquishments	6	24
Proctorship Completed	12	77

Current Statistics – as of 01/1/05	
Active Staff	449
Affiliate Professionals (non-physicians)	188
Courtesy Staff	546
TOTAL MEMBERS	1,183

Applications In Process	29	
Applications Withdrawn Month of January 2005	0	5 (07/04 to 01/05)
SFGH Reappointments in Process Feb. 2005 to May 2005	150	

Commissioners' Comments

- Commissioner Illig asked how the Local Homeless Board would dovetail with the Mayor's Homeless Task Force. Dr. Katz replied that the Local Homeless Board should be at the forefront of helping to implement the 10-year plan. In the past this has not happened. Ms. Kronenberg added that the implementation group appointed by Mayor Newsom and chaired by Angela Alioto holds quarterly public hearings, and is anticipated to be in existence for a short time period. The restructured local homeless board will be the place where all homeless policy is discussed, and would deal with the day-to-day specifics of homeless policy. Commissioner Illig asked if the city still receives McKinney funds. Ms. Kronenberg replied that while funding has decreased, the city will receive approximately $10 million.

- Commissioner Chow asked who initiated the pharmacy program at Laguna Honda Hospital. Ms. Kronenberg said that Sharon Kotabe, CHN Pharmacy Director, was instrumental in developing this program.

- Commissioner Monfredini asked why SFGH is responsible for the bus shelter at the hospital. Ms. O'Connell said that the bus shelter is on SFGH property but clean up is not the hospital's responsibility. Ms. O'Connell said they have been working collaboratively with MUNI to make sure the shelter is clean.

5) PRESENTATION OF THE EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF JANUARY

Commissioner Umekubo presented the Employee Recognition Awards for the month of January.

Team Awardee	Division	Nominated By
Contracts On-Line Project Team - Donna Childers - Jeff Burton - Irina Tomashevsky - Galen Leung - Rob Longhitano	PHP	Anne Okubo and Fred McGregor

6) STATE AND FEDERAL LEGISLATIVE UPDATE

Colleen Chawla, Deputy Director, Office of Policy and Planning, presented the State and Federal Legislative Update. Ms Chawla said that increased local, state and federal advocacy is a key strategy to achieving partnerships with communities that assess, develop, implement and advocate for health funding and policies. DPH works in coalition with County Health Executives Association of California (CHEAC), California Conference of Local Health Officers (CCLHO), California State Association of Counties and the California Association of Public Hospitals. By its participation in coalitions, DPH ensures that the City's interests are represented.

Ms. Chawla gave highlights of the Federal Legislative Session, which included the Medicare Prescription Drug Improvement and Modernization Act of 2003, Medicaid DSH, 340B Inpatient Drug Pricing and Emergency Services for undocumented immigrants. The federal budget included three earmarks for DPH: $1.5 million for HIV/AIDS services provided to Medicare and Medicaid eligible populations; $1.5 million for supportive housing for persons with mental illness or substance abuse disorders; and $750,000 for supportive housing and services for recently released ex-offenders. Ms. Chawla said that looking ahead, federal legislative activity would include Medicaid reform and Ryan White reauthorization.

Ms. Chawla presented an overview of the 2003-2004 State Legislative Session. This session was marked by deficits of more than $45 billion over the two fiscal years of the session. Highlights include Medi-Cal redesign. The current plan, released with the 2005-2006 budget proposal, lacks specificity but would include changes to hospital financing, a cap on adult dental services, monthly premiums for recipients with incomes above the federal poverty level, and moving aged, blind and disabled into manage care. Ms. Chawla said the final 2004-2005 State budget had few of the health services reductions that were originally proposed in January 2004. Looking ahead, Ms. Chawla said that the State is facing a significant budget shortfall of $9 billion and discussion about significant changes to the Medi-Cal program and hospital financing.

Commissioners' Comments

- Commissioner Illig asked how much unreimbursed emergency care is provided at SFGH. Ms. Chawla said SFGH does not ask immigration status, so there is no estimate. Dr. Katz said if SFGH did keep track, it would be millions of dollars, so the Department needs to see what mechanism would be used to allocate dollars to determine if there needs to be a change in how such services are tracked. Ms. Chawla added that the pot of money is only $250 million nationwide. Commissioner Illig asked if the Federal earmarks would be included in DPH's FY 2005-2006 budget. Dr. Katz said that grant funds exist as a separate document, and once the funds are certified by the Controller, and the Health Commission and Board of Supervisors approves the except and expend resolution, these funds can be spent. Dr. Katz said we cannot assume that these funds could be used to decrease the general fund reduction target.

- Commissioner Guy asked if the Health Commission's position on Senator Kuehl's SB 921, which failed this past legislative year, would still be in effect if Senator Kuehl reintroduces her legislation. Ms. Chawla replied that the Health Commission would need to re-examine the new legislation to ensure that it is consistent with the previous policy statement. Commissioner Guy asked for more detail on the California Rx program. Ms. Chawla said that California Rx is a voluntary program and relies exclusively on the participation of pharmacies.

- Commissioner Umekubo asked how the City advocates to CMS for special waivers, passage of regulation, and other activities. Dr. Katz replied that the way the regulations are written, counties cannot apply directly to CMS and must work through the State. This has been a difficult process. The Department would generally advocate through a member of San Francisco's Congressional delegation.

- Commissioner Guy asked if the changes to the 340B inpatient drug program would result in savings to the Department. Dr. Katz said this change establishes a mechanism, but it depends on whether the pharmaceutical companies choose to offer the same discount as they offer on outpatient pharmaceuticals.

- Commissioner Sanchez said that the issue of undocumented patients would continue to be football in the national policy arena, and should be a key component of our health policy debates. And because San Francisco is a sanctuary city, it is unlikely we would follow a protocol that required tracking information on illegal immigrants.

- Commissioner Monfredini reminded the Commissioners that nationally, things are going in a different direction from San Francisco's priorities.

- Commissioner Chow asked if the DSH prgoram is solid. Ms. Chawla said this funding would go through 2010 at the current level. He asked if there is general agreement as to whether Ryan White would be reauthorized. Ms. Chawla said there is general consensus is that the CARE Act will be reauthorized but there are many proposals about how it will be structured, and discussion about San Francisco being overfunded. The current program expires in September 2005.

- Commissioner Illig added that over the last number of years San Francisco has expanded its representation on the CARE Coalition, including seats by the Health Services Planning Council, DPH, Continuum, AIDS Foundation and HIV/AIDS Provider Network. So there are more voices from San Francisco counteracting the perception that San Francisco gets too much money.

- Commissioner Chow asked if rate reductions are part of the proposed State budget. Ms. Chawla said there are not.

7) CONSIDERATION OF A RESOLUTION APPROVING THE CHILDHOOD NUTRITION AND PHYSICAL ACTIVITY TASK FORCE REPORT RECOMMENDATIONS

Iman Nazeeri-Simmons, Adolescent Health Coordinator and Christina Carpenter, Health Promotion Consultant, presented the Childhood Nutrition and Physical Activity Task Force Report Recommendations (Power Point Presentation, Attachment A). The citywide task force was convened by the Board of Supervisors in December 2003, and included representatives from DPH, DCYF, SFUSD, Youth Commission, Department of Recreation & Parks, the medical community, size advocates, youth organizations and others. The task force was charged with creating citywide policy recommendations for improving childhood nutrition and physical activity. The recommendations are prioritized within the categories of nutrition and physical activities, with the top four strategies in each area as the priority areas. Additionally, the recommendations are broken out into three topic areas: environmental – structural improvements in the physical environment to improve access and utilization; organizational – city agencies and departments; and awareness/behavior change – individual education and behavior change.

Nutrition Recommendations

- *Recommendation 1*: Ensure that at least one reasonably large outlet/vendor that sells healthy, nutritious foods is easily accessible to residents in all sectors of San Francisco.
- *Recommendation 2*: Increase the enrollment and retention of eligible clients into the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and Food Stamps programs.
- *Recommendation 3*: Increase the proportion of mothers who exclusively breastfeed their babies.
- *Recommendation 4*: Expand information and resources for understanding healthful nutrition and physical activity

Physical Activity Recommendations

- *Recommendation 5*: Ensure that organizations have environments that provide optimal opportunities for youth to engage in physical activity.
- *Recommendation 6*: Develop partnerships across public and private agencies to increase physical activity opportunities.
- *Recommendation 7*: The San Francisco Board of Supervisors and the Mayor will issue recommendations of ideal levels of physical activity for children and youth to City and County departments.
- *Recommendation 8*: Implement citywide awareness campaign(s) addressing nutrition and physical activity developed by youth for San Francisco.

The task force also made the recommendation to create revenue streams to fund the nutrition and physical activity recommendations, and developed several strategies including a fee or tax on soft drinks and/or fast food, advocating for a streamlined application process in all Federal nutrition programs and establishing a public/private partnership to leverage the philanthropy community, among others.

Ms. Carpenter said there are a number of DPH activities that fall into the current recommendations, including the Food Systems Council, Food Alliance, the Good Neighbor Project, Youth Development Standards of Practice, the Citywide Chronic Disease Prevention Consortium and resource development and grant writing.

Commissioners' Comments

- Commissioner Monfredini expressed some areas of concern, including sending negative messages to women who choose not to breastfeed. There should be some allowance for new mothers who find this too difficult. She would also like any money that San Francisco receives be used for free educational seminars for people, rather than a conference. She also emphasized the fact that many parents are very scared for their children in terms of playing outside, and may indeed encourage their children to stay inside. All of these factors demonstrate that obesity is a multi-faceted problem with no easy answer.

- Commissioner Guy said that this initiative brings a primary prevention dialogue into our City's discourse and this is significant, and we need to bring this to the next level. San Francisco needs healthy environments and the Department of Public Health's involvement in this effort can make it successful.

- Commissioner Sanchez said so many variables come into play in terms of nutrition and physical activity. Structured, supervised activities are a priority for all of us, yet there is a continual reduction in community gymnasium hours, recreation supervisors and other programs. One recommendation is to ask the San Francisco 49ers and San Francisco Giants to fund physical activity programs for the next two years at the high school and middle school levels.

- Commissioner Umekubo said that this initiative increases the awareness that it is difficult to find safe outdoor venues for children to play. He is also concerned about the underutilization of food stamps. Ms. Nazeeri-Simmons said that California is one of four states that require fingerprinting to become eligible for food stamps, and this is a major factor in underutilization. USDA does not require fingerprinting. There is a pilot project in place that waives fingerprinting and provides a one-day enrollment process.

- Commissioner Illig said there is not a lot of government funding for healthy food, so the role is to get other parts of government to do better in this area. One area where DPH could have additional impact is through the residential treatment programs, where there is no standard for the type of food that is served.

- Commissioner Chow would like to know how the Department and Health Commission could help move beyond the pilot project level for the food stamp initiative. Dr. Katz is not optimistic in this area in that the State is headed toward more fingerprinting, not less.

Action Taken: The Commission approved the Resolution 01-05, "Endorsing the Recommendations of the Childhood Nutrition and Physical Activity Task Force Report," (Attachment B).

8) FY 2005-2006 BUDGET PRESENTATION: INFLATIONARY, STRUCTURAL, REGULATORY, REVENUE-NEUTRAL AND REVENUES

Mitchell H. Katz, M.D., Director of Health, presented an overview of revenue, inflationary, structural, regulatory and revenue-neutral budget issues for FY 2005-2006. The citywide budget shortfall is currently forecast to be $130 million. As of the date of this report, a specific target has not been set for DPH. Smaller departments have been asked to absorb their own increased costs of doing business within their existing general fund and develop a five percent general fund contingency plan. For DPH, increased costs of MOUs and employee benefits are projected to be $32 million. The Mayor's Finance Office is carefully considering available options, and understands the effect a $32 million reduction would have on services.

Dr. Katz said that before the issue of general fund decreases could be addressed, he must take into account the unavoidable costs of doing business resulting from inflationary pressures and structural problems. Inflationary issues include MOU increases to salaries and increase in costs of benefits, increased pharmaceutical utilization, increases in rent and savings in natural gas utilization.

Inflationary increases total $33.6 million. There are myriad structural issues, totaling $11.7 million, which must be addressed. These include position corrections and salary savings deficits, Private Provider Network, contractor indirect and professional and specialty services structural shortfall at SFGH, among others. (Note: all budget documents are available on the DPH website at www.dph.sf.ca.us/budget/, and in the Health Commission Office.)

Dr. Katz also described the 15 revenue-neutral programs that are being proposed in the budget. These services are funded entirely through revenues linked to services and include a 23-hour chest pain unit at SFGH, Folsom-Dore hotel rooms for chronic homeless, improved pharmacy TAR approval and collection at LHH and the California Children Services Medical Therapy Program at MCH, among many others.

Dr. Katz said the Department is increasing revenues in the FY 2005-2006 budget by $18.2 million. The bulk of the increase is at SFGH, and reflects the continuation of trends seen over the past several years. Laguna Honda and Environmental Health are also budgeting increased revenues. Dr. Katz said he also recognizes the necessity of addressing the effects of inflation on contractors and the UC Affiliation Agreement. The Mayor's Finance Office wishes to address the issue of COLAs on a citywide basis. For DPH, the cost for each one percent COLA increase is $2.2 million.

Dr. Katz summarized the issues:

Inflationary Issues	$33,608,751
Structural Issues	$11,652,907
Total Revenue Neutral Programs	($597,556)
Revenue Increases	($18,189,776)
Total	**$26,474,326**

Public Comment

- David Semore said it is really sad that the Department is left with cutting core services. He submitted a letter summarizing his testimony (on file in the Health Commission Office). There is money coming forward from Proposition 63. He is against all the health cuts.

- Debbie Lerman, Human Services Network, expressed thanks to Dr. Katz for how he handled the contractor indirects. Her focus now is on the non-profit contractor COLAs. This is not a trivial issue. The cost increases for non-profits is a structural issue, and the City needs to acknowledge this. Without COLAs, there will be service reductions.

Commissioners' Comments

- Commissioner Illig asked if the estimated cost of the contractor COLA is based on personnel costs only or the total cost of doing business. Mr. Sass replied that he believes it is personnel cost only, and he will confirm. Commissioner Illig asked if there are internal and/or external planning processes by which service priorities are set, such as is the case with CARE funds. Dr. Katz said this does not really happen in other DPH areas because so many entities have the opportunity to reprioritize, such as the Mayor and the Board of Supervisors. His goal is to have the decision-making process as transparent as possible, but he is open to better methods.

- Commissioner Guy said that there is discourse at the Health Commission as to what the priorities are, including through the strategic planning process. For example supportive housing is a priority, and this is reflected in the budget.

- Commissioner Chow commended all staff for providing the level of detail that was in the report.

9) PUBLIC COMMENT/OTHER BUSINESS

None.

10) CLOSED SESSION

A) Public Comments on All Matters Pertaining to the Closed Session

None.

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission voted to hold a closed session.

The Commission went into closed session at 6:20 p.m. Present in closed session were Commissioner Chow, Commissioner Guy, Commissioner Illig, Commissioner Monfredini, Commissioner Sanchez, Commissioner Umekubo, Dr. Mitch Katz, Director of Health, Rick Sheinfield, Deputy City Attorney and Michele Olson, Health Commission Executive Secretary.

C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

APPROVAL OF A SETTLEMENT IN THE AMOUNT OF $12,500 IN PENTECOST v.SAN FRANCISCO UNIFIED SCHOOL DISTRICT AND DEPARTMENT OF PUBLIC HEALTH, COMMUNITY MENTAL HEALTH SERVICES, CASE No. SN 04-02023, FILE No. 021183

Action Taken: The Commission approved the settlement of Pentecost v. San Francisco Unified School District and Department of Public Health, Community Mental Health Services, in the amount of $12,500.

D) Reconvene in Open Session

The Commission reconvened in open session at 6:25 p.m.

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission voted not to disclose discussions held in closed session.

11) ADJOURNMENT

The meeting was adjourned at 6:25 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachments: (2)

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be reflected in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

San Francisco Childhood Nutrition & Physical Activity Task Force Report

January 2005

Healthy Nutrition & Physical Activity for SF's Children

- City-wide Task Force convened by Board of Supervisors
- Representatives from DPH, DCYF, SFUSD, Youth Commission, DRP, medical community, size advocates, youth organizations and others

Healthy Nutrition & Physical Activity for SF's Children

- In the US over the past 30 years the prevalence of childhood obesity more than doubled for youth aged 12-19 (6% to 15%) and more than tripled for children aged 6-11 (4% to 15%)
  NHANES 1971-74 and NHANES 1999 -2000
- For US children born in 2000, the lifetime risk of being diagnosed with diabetes is estimated at 30% for boys and 40% for girls and even higher among ethnic minority youth.
  Institute of Medicine, Preventing Childhood Obesity: Health in the Balance. 2005
- Children born today may have a shorter life expectancy than their parents.
  Institute of Medicine, Preventing Childhood Obesity: Health in the Balance. 2005

Healthy Nutrition & Physical Activity for SF's Children

- In California:

26% of the state's students are overweight

40% of the state's students are considered unfit.

According to a 2002 study, *An Epidemic: Overweight and Unfit Children in California Assembly Districts*, produced by the California Center for Public Health Advocacy

Healthy Nutrition & Physical Activity for SF's Children

San Francisco Youth Risk Behavior Survey, 2003

Self report	Watch 3+ hours TV a day
Middle School	51%
High School	41%

SFUSD reports that 80% of students in grades 5, 7, & 9 failed to achieve minimum fitness goals on the District's 2002 physical fitness test.

Healthy Nutrition & Physical Activity for SF's Children

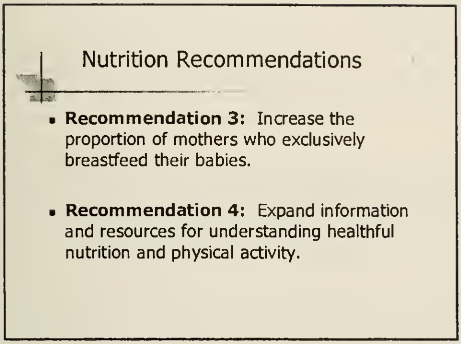
- Nutrition & Physical Activity Recommendations are prioritized
  - Environmental
  - Organizational
  - Awareness/Behavior Change
- Funding Recommendations are included

Nutrition Recommendations

- **Recommendation 1:** Ensure that at least one reasonably large outlet/vendor that sells healthy, nutritious foods - including fresh vegetables and fruits - is easily accessible to residents in all sectors of San Francisco.
- **Recommendation 2:** Increase the enrollment and retention of eligible clients into the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Food Stamp programs.

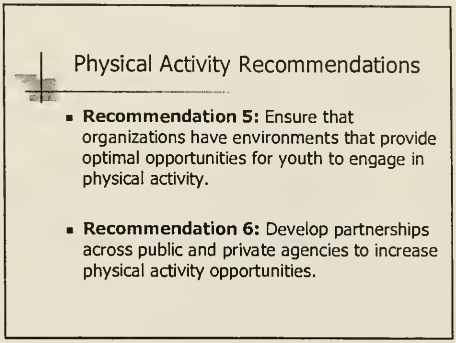
Nutrition Recommendations

- Food Stamp Program
  - 86,585 eligible
  - 56,924 not served (66%)
  - Loss of $60M in Federal Reimbursement
  - Pilot Projects to address underutilization



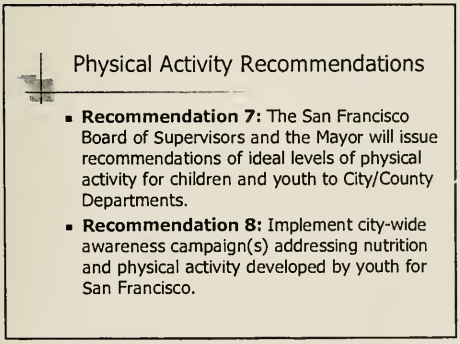
Nutrition Recommendations

- **Recommendation 3:** Increase the proportion of mothers who exclusively breastfeed their babies.
- **Recommendation 4:** Expand information and resources for understanding healthful nutrition and physical activity.



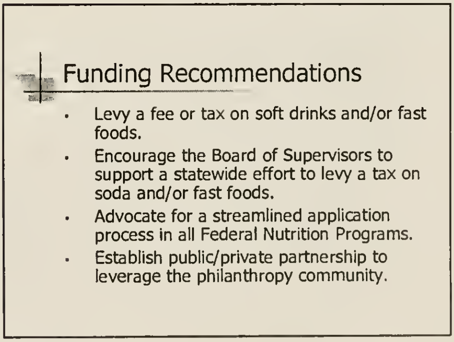
Physical Activity Recommendations

- **Recommendation 5:** Ensure that organizations have environments that provide optimal opportunities for youth to engage in physical activity.
- **Recommendation 6:** Develop partnerships across public and private agencies to increase physical activity opportunities.



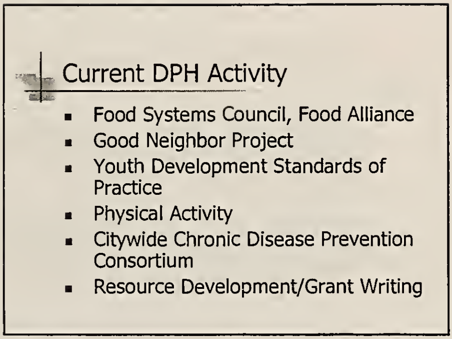
Physical Activity Recommendations

- **Recommendation 7:** The San Francisco Board of Supervisors and the Mayor will issue recommendations of ideal levels of physical activity for children and youth to City/County Departments.
- **Recommendation 8:** Implement city-wide awareness campaign(s) addressing nutrition and physical activity developed by youth for San Francisco.



Funding Recommendations

- Levy a fee or tax on soft drinks and/or fast foods.
- Encourage the Board of Supervisors to support a statewide effort to levy a tax on soda and/or fast foods.
- Advocate for a streamlined application process in all Federal Nutrition Programs.
- Establish public/private partnership to leverage the philanthropy community.



Current DPH Activity

- Food Systems Council, Food Alliance
- Good Neighbor Project
- Youth Development Standards of Practice
- Physical Activity
- Citywide Chronic Disease Prevention Consortium
- Resource Development/Grant Writing

Health Commission
City and County of San Francisco
Resolution No. 01-05

Endorsing the Recommendations of the Childhood Nutrition and Physical Activity Task Force Report

WHEREAS, unhealthful nutrition and physical inactivity among children and youth have become a national epidemic and a health crisis with profound medical implications; and

WHEREAS, in December 2003, the San Francisco Board of Supervisors established the Childhood Nutrition and Physical Activity (CNPA) Task Force to develop recommendations for San Francisco to address the serious issue of childhood nutrition and physical activity; and

WHEREAS, the CNPA Task Force is comprised of representatives from the Department of Public Health, the Department of Children, Youth and Their Families, the San Francisco Unified School District, Department of Recreation and Parks, medical community, size advocates, the San Francisco Youth Commission, youth organizations and others; and

WHEREAS, the CNPA Task Force met monthly over the past year to review best practices, meet with other nutrition and physical activity experts, and compile a comprehensive set of recommendations to improve the nutrition and physical activity opportunities for children, youth and their families; and

WHEREAS, CNPA Task Force developed the following recommendations:

Recommendation 1:	Ensure that at least one reasonably large outlet/vendor that sells healthy, nutritious foods - including fresh vegetables and fruits - is easily accessible to residents in all sectors of San Francisco.
Recommendation 2:	Increase the enrollment and retention of eligible clients into the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Food Stamp programs.
Recommendation 3:	Increase the proportion of mothers who exclusively breastfeed their babies through 4 to 6 months of age and continue breastfeeding with supplementary food through one year.
Recommendation 4:	Expand information and resources for understanding healthful nutrition and physical activity to health care providers, community groups who work with children, youth, and families, and parents/guardians.

Recommendation 5: Ensure that organizations have environments that provide optimal opportunities for youth to engage in physical activity.
Recommendation 6: Develop partnerships across public and private agencies to increase physical activity opportunities.
Recommendation 7: The San Francisco Board of Supervisors and the Mayor will issue recommendations of ideal levels of physical activity for children and youth to City/County Departments.
Recommendation 8: Implement city-wide awareness campaign(s) addressing nutrition and physical activity developed by youth for San Francisco; and

WHEREAS, the CNPA Task Force also recommends creating revenue streams to fund the Childhood Nutrition and Physical Activity recommendations, for example fees or taxes on soft drinks and/or fast foods, establishing a public/private partnership to leverage the philanthropy community and advocating for a streamlined application process in all Federal Nutrition Programs; now, therefore, be it

RESOLVED, that the Health Commission commends the CNPA Task Force for its commitment to improving access and utilization of nutrition and physical activity opportunities for children and youth in San Francisco; and be it

FURTHER RESOLVED that the Health Commission endorses the recommendations of the CNPA Task Force.

I hereby certify that the San Francisco Health Commission at its meeting of January 18, 2005 adopted the foregoing resolution.

Michele M. Olson
Executive Secretary to the Health Commission

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Roma P. Guy, M.S.W
Commissioner

James M. Illig
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

AGENDA

HEALTH COMMISSION MEETING

DOCUMENTS DEPT.
JAN 27 2005
SAN FRANCISCO
PUBLIC LIBRARY
01-27-05P02:54 RCVD

Tuesday, February 1, 2005
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. AT 101 GROVE.

THE HEALTH COMMISSION WILL ACT ON THOSE CONSENT CALENDAR ITEMS THAT HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JANUARY 18, 2005**
**Minutes of the meeting of January 18, 2005*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sánchez, Jr., Ph.D.)

(3.1) **CHN-SFGH & LHH** – Request for approval of three contracts with the following firms: Aureus Radiology, LLC, On-Call Therapists, Inc., Physical and Preferred Healthcare Registry, Inc., for a combined total amount of $261,100, to provide intermittent, as-needed rehabilitation therapy personnel services (Physical, Occupational and Speech Therapists), for San Francisco General Hospital and Laguna Honda Hospital, for the period of February 1, 2005 through January 31, 2007.
** Contract Summary, Price lists, Monitoring report summaries*

(3.2) **PHP-BEHM** – Request for approval of a contract modification with General Environmental Services, in the amount of $150,000, to provide hazardous waste management and transportation services, for the period of August 1, 2004 through June 30, 2007, for a total contract value of $200,000.
** Contract summary*

(3.3) **AIDS Office-HIV Health Services** – Request for approval of a contract modification with AIDS Emergency Fund in the amount of $176,258, for a new contract total of $813,811, to provide emergency assistance grants to low-income persons with HIV+/AIDS, for the period of March 1, 2004 through February 28, 2005.
** Contract summary*

(3.4) **AIDS Office-HIV Health Services** – Request for approval of a retroactive new contract with Haight Ashbury Free Clinic, Inc., in the amount of $112,299, to provide complementary therapy services targeting medically indigent persons with HIV, for the period of July 1, 2004 through June 30, 2005.
** Contract summary*

(3.5) **AIDS Office-HIV Health Services** – Request for approval of a retroactive new contract with Patricia Sullivan, in the amount of $297,410, to provide consultant services for the purchase and distribution of vouchers to CARE-funded service providers, for the period of January 1, 2005 through February 28, 2005.
** Contract summary*

(3.6) **AIDS OFFICE-Research** – Request for approval of a retroactive renewal contract with PHFE Management Solutions, Inc., in the amount of $164,927, to provide fiscal administrative services for the "HIV Prevention Trials Network (HPTN Core)" project, for the period of July 1, 2004 through June 30, 2005.
** Contract summary, Monitoring report summary (On the way per I.C.)*

(3.7) **AIDS Office-Prevention** – Request for approval of a retroactive renewal contract with PHFE Management Solutions, Inc., in the amount of $85,116, to provide fiscal administrative services for the "HIV/AIDS Surveillance Data Management Activities" project, for the period of January 1, 2005 through December 31, 2005.
** Contract summary, Monitoring report summary*

(3.8) **BHS-Mental Health/Substance Abuse** – Request for approval of a retroactive contract renewal with Regents of the University of California, in the amount of $2,822,252, to provide mental and substance abuse services targeting low-income and uninsured or underinsured clients with AIDS/HIV disease or disabling HIV disease, for the period of July 1, 2004 through June 30, 2008.
** Contract summary, Monitoring report summaries, Client demographic information form*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **FOR ACTION:** **ELECTION OF PRESIDENT AND VICE PRESIDENT OF THE HEALTH COMMISSION FOR 2005**

6) **FOR ACTION:** **CONSIDERATION OF A RESOLUTION APPROVING THE 2005 STATE LEGISLATIVE PLAN**
(Colleen Chawla, Deputy Director, Office of Policy and Planning)
**Draft Resolution*

7) **FOR DISCUSSION:** **PROPOSITION 63, MENTAL HEALTH SERVICES ACT, UPDATE**
(Barbara Garcia, Deputy Director of Health, Director, Community Programs and Bob Cabaj, M.D., Director, Community Behavioral Health Services)
**Update*

8) **FOR DISCUSSION:** **PROFILE OF INJURY REPORT**
(Michael Radetsky, Injury Prevention, Community Health Education Section)
**Report*

9) **PUBLIC COMMENT/OTHER BUSINESS****

10) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.html**

HEALTH COMMISSION

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, February 1, 2005
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

DOCUMENTS DEPT.
FEB 1 0 2005
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1) CALL TO ORDER

The meeting was called to order by Commissioner Chow at 3:10 p.m.

Present:
Commissioner Edward A. Chow, M.D., President
Commissioner Roma P. Guy, M.S.W.
Commissioner James M. Illig
Commissioner Lee Ann Monfredini, Vice President
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D. – arrived at 3:25 p.m.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JANUARY 18, 2005

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez) approved the minutes of the January 18, 2005 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Guy and Commissioner Illig attended the Budget Committee meeting.

(3.1) **CHN-SFGH & LHH** – Request for approval of three contracts with the following firms: Aureus Radiology, LLC, On-Call Therapists, Inc., Physical and Preferred Healthcare Registry, Inc., for a combined total amount of $261,100, to provide intermittent, as-needed rehabilitation therapy

personnel services (Physical, Occupational and Speech Therapists), for San Francisco General Hospital and Laguna Honda Hospital, for the period of February 1, 2005 through January 31, 2007.

(3.2) **PHP-BEHM** – Request for approval of a contract modification with General Environmental Services, in the amount of $150,000, to provide hazardous waste management and transportation services, for the period of August 1, 2004 through June 30, 2007, for a total contract value of $200,000.

(3.3) **AIDS Office-HIV Health Services** – Request for approval of a contract modification with AIDS Emergency Fund in the amount of $176,258, for a new contract total of $813,811, to provide emergency assistance grants to low-income persons with HIV+/AIDS, for the period of March 1, 2004 through February 28, 2005.

Commissioners' Comments

- Commissioner Illig is concerned that this contract modification does not have any information about contract monitoring. He also expressed concern that there continues to be unexpended CARE funds. And he expects to see a 12 percent contingency included in AIDS Office contracts. This is a very reasonable way for the Department of Public Health to expedite contract approval, which was one of the recommendations of the City's Nonprofit Contracting Task Force. Mr. Loyce said that the contracts for the next fiscal year would include the contingency.

(3.4) **AIDS Office-HIV Health Services** – Request for approval of a retroactive new contract with Haight Ashbury Free Clinic, Inc., in the amount of $112,299, to provide complementary therapy services targeting medically indigent persons with HIV, for the period of July 1, 2004 through June 30, 2005.

- Commissioner Illig asked why the AIDS Office chose to contract with a new provider instead of funding the existing providers of these services. Michelle Long Dixon said they had to follow the recommendations of the solicitation, which necessitated contracting with Haight Ashbury Free Clinics. Ms. Dixon said they were able to contract with two of three of the agencies currently providing this type of service because they ranked high enough as a result of the solicitation process.

(3.5) **AIDS Office-HIV Health Services** – Request for approval of a retroactive new contract with Patricia Sullivan, in the amount of $297,410, to provide consultant services for the purchase and distribution of vouchers to CARE-funded service providers, for the period of January 1, 2005 through February 28, 2005.

Secretary's Note – this item was removed from the agenda.

(3.6) **AIDS OFFICE-Research** – Request for approval of a retroactive renewal contract with PHFE Management Solutions, Inc., in the amount of $164,927, to provide fiscal administrative services for the "HIV Prevention Trials Network (HPTN Core)" project, for the period of July 1, 2004 through June 30, 2005.

(3.7) **AIDS Office-Prevention** – Request for approval of a retroactive renewal contract with PHFE Management Solutions, Inc., in the amount of $85,116, to provide fiscal administrative services for the "HIV/AIDS Surveillance Data Management Activities" project, for the period of January 1, 2005 through December 31, 2005.

(3.8) **BHS-Mental Health/Substance Abuse** – Request for approval of a retroactive contract renewal with Regents of the University of California, in the amount of $2,822,252, to provide mental and substance abuse services targeting low-income and uninsured or underinsured clients with AIDS/HIV disease or disabling HIV disease, for the period of July 1, 2004 through June 30, 2008.

Commissioners' Comments

- Commissioner Illig asked if there has been any discussion about consolidating this contract with AIDS Office contracts for similar services. Ms. Wang said that Mental Health must oversee the contracts that are funded with MediCal dollars. This does not necessarily preclude a consolidated contract. Ms. Okubo, Deputy Finance Director, said DPH is establishing protocols to consolidate contracts. Commissioner Illig raises this issue because he is very interested in helping DPH implement the Nonprofit Contracting Task Force recommendations.

Commissioner Sanchez abstained from voting on this item.

Action Taken: The Health Commission (Chow, Guy, Illig, Monfredini, Sanchez) approved Items 3.1, 3.2, 3.3, 3.4, 3.6, 3.7 and 3.8 of the Budget Committee Consent Calendar, with Commissioner Sanchez abstaining from voting on Item 3.8. Item 3.5 was removed from the agenda.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Budget Targets

In the presentation to the Health Commission last month, staff estimated that the net effect of inflationary, regulatory, structural and revenue neutral and revenue increases would result in a departmental shortfall of $26.5 million in General Fund support. The Mayor's Office has given DPH a General Fund reduction target of $13 million, which is roughly half of the departmental shortfall. In addition, DPH has been asked to propose an additional $10 million in contingency reductions, which, if taken, would reduce the Department's general fund $23 million in total. Finally, the Department has been advised that it can utilize up to $10 million in one-time funding to propose one-time efficiency investments in infrastructure that will provide long-term savings to the Department.

San Francisco Behavioral Health Center Update

Dr. Katz provided an update on major developments that have occurred since the Health Commission passed resolutions endorsing the Mental Health Rehabilitation Facility (MHRF) Blue Ribbon Committee's recommendations to provide multiple levels of care at the MHRF and pursuing licensure with the State Departments of Mental Health and Social Services. Dr. Katz announced that the following recommendations have been fulfilled to date:

- An Advisory Committee was formed in May 2004 to assist with the implementation and evaluation of changes to MHRF staffing and programming.

- In June 2004, SFGH obtained licensure for a 47-bed Mental Health Rehabilitation Center (MHRC) on the 3rd floor from the Department of Mental Health. The MHRF was renamed the San Francisco Behavioral Health Center.

- Also in June 2004, the State Department of Health Services conducted a licensing and certification survey and approved 59 skilled nursing beds on the 2nd floor.

In September 2004, SFGH took steps to obtain licensure from the Department of Social Services (DSS) for a 27-bed Adult Residential Facility (ARF) and shared plans for a 14-bed residential treatment facility with day treatment on the 1st floor. SFGH submitted an application to DSS in October 2004, which was not approved. However, DSS officials encouraged SFGH to make a major change in plans by designating all 41 beds on the 1st floor as an ARF. It was suggested that treatment options could be pursued through programming and not licensing. DSS has given SFGH until February to resubmit the application.

In January 2005, the Advisory Committee reviewed DSS's recommendations and discussed revised revenue projections and patient care implications. Although revenue projected for the proposed residential treatment facility would be lost, not being able to reopen the 1st floor would pose greater consequences on finances and patient care. As a result, the Advisory Committee endorsed SFGH to resubmit the application as an Adult Residential Facility for all 41 beds of the 1st floor.

Based on this recommendation we will be going forward on obtaining an Adult Residential Facility license for 41 beds on the 1st floor. Once we obtain the license we will look at how we can programmatically incorporate treatment into the model.

U.S. Department Of Health & Human Services Releases Guidelines Recommending Antiretroviral Postexposure Prophylaxis After Non-Occupational Exposures To HIV

Last week the U.S. Department of Health & Human Services (DHHS) released guidelines recommending antiretroviral postexposure prophylaxis after sexual, injection-drug use, or other nonoccupational exposures to HIV (nPEP). These guidelines supercede a 1998 DHHS statement that concluded that there was insufficient evidence about the efficacy of nonoccupational postexposure prophylaxis to recommend either for or against its use.

Dr. Katz highlighted these changes in position because of the role that San Francisco played in this debate. The first feasibility study of nPEP was begun in San Francisco in 1998. It was a collaborative project between the San Francisco Department of Public Health and the University of California, San Francisco. Our data showed that it was feasible to offer nPEP and that there was no increase in subsequent exposures of unsafe sex due to the availability of nPEP. The San Francisco Department of Public Health has provided nPEP on a clinical basis since 1997 and has emphasized the importance of providing prevention counseling in addition to the medication.

HUH Clinic Opening

The Housing and Urban Health Clinic will celebrate its grand opening on Thursday, February 3rd from 2 to 5pm. The HUH Clinic is the first community based primary care clinic to open within the Health Department's Primary Care Network in over 20 years. This unique clinic received its FQHC designation through a Federal grant to serve the chronically homeless. Over 2,500 residents of supportive housing can access the medical and psychiatric services offered at the clinic five days a week. These services are designed to assist people placed in supportive housing to maintain their housing indefinitely despite on-going mental illness, substance use disorders and chronic medical conditions.

Black History Month Celebration

February is Black History Month, an opportunity for all Americans to honor African American heroes and leaders and to learn about and reflect on the vast contributions of African Americans to our history and culture. The managers of African and African American descent are hosting a Black History Month Celebration on Thursday, February 24, 5:30 – 7:30 p.m. at CHN Headquarters, 2789 25 Street. Please join us for refreshments, entertainment and an opportunity to honor Norm Nickens, Flo Stroud, Gene Coleman and Doris Ward for the contributions to the health of African Americans in San Francisco.

Children's Dental Health Month

On February 4th, DPH's Dental Bureau in collaboration with the San Francisco Dental Society will kickoff Children's Dental Health Month with Give Kids a Smile Day. Dental screenings will be provided to 500 children from five pre-schools and 10 elementary schools. Crest has donated toothbrush and toothpaste kits and educational materials in Spanish and English for the event.

Commissioners' Comments

- Commissioner Illig supports the change in licensing at the Behavioral Health Center.
- Commissioner Chow clarified that the HUH clinic would be part of the DPH Community Health Center system.
- Commissioner Umekubo asked if the Behavioral Health Center would be able to care for people with dementia. Dr. Katz replied that the idea behind having more than one license was to provide a wider range of services. The first floor is an unlocked floor, not a locked psychiatric facility.

5) ELECTION OF PRESIDENT AND VICE PRESIDENT OF THE HEALTH COMMISSION FOR 2005

Commissioner Chow thanked DPH staff for all the work they have done to advance public health in San Francisco during the past five years that he served as either President or Vice President of the Health Commission. He is proud to be part of this Commission.

Commissioner Chow nominated Commissioner Monfredini to serve as President of the Health Commission.

Action Taken: The Commission (Chow, Guy, Illig, Sanchez, Umekubo) elected Commissioner Monfredini to serve as President of the Health Commission for 2005. Commissioner Monfredini abstained.

Commissioner Monfredini nominated Commissioner Guy to serve as Vice President of the Health Commission vice president.

Action Taken: The Commission (Chow, Illig, Monfredini, Sanchez, Umekubo) elected Commissioner Guy to serve as Vice President of the Health Commission for 2005. Commissioner Guy abstained.

Commissioner Monfredini thanked everyone for their support, and looks forward to serving with her fellow commissioners and staff as president. She and Commissioner Guy will announce Commission committee appointments at the next Health Commission meeting.

Commissioner Guy thanked everyone for their support and thanked Commissioner Chow for his years of service on Commission leadership.

6) CONSIDERATION OF A RESOLUTION APPROVING THE 2005 STATE LEGISLATIVE PLAN

Colleen Chawla, Deputy Director, Office of Policy and Planning, presented highlights from the Department's 2005 State Legislative Plan. The legislative plan provides guidance to the City's policy positions on legislative, regulatory and budget issues that impact DPH and the health of San Franciscans. To implement its Legislative Plan, DPH works in collaboration with the Mayor's Office, the Board of Supervisors, other City departments, the City's State lobbyist, community partners in both the public and private sectors and in coalition with issue-based and industry-based advocacy groups. Ms. Chawla highlighted a few key areas:

- HIV/AIDS - Oppose legislation that would implement names-based reporting of HIV;
- Hospitals – support legislation to provide funding or financing for costs associated with compliance with hospital seismic safety standards;
- Health Insurance Expansion/Uninsured – support legislation that expands health care coverage to uninsured California residents;
- Homeless – sponsor legislation that would make supportive housing services a Medi-Cal eligible service;
- Medi-Cal Funding and Program Change – monitor the Medi-Cal redesign process and support and oppose legislation in accordance with the redesign principles that have been adopted by the Health Commission;
- Mental Health – monitor legislation and adopt positions as appropriate to ensure that the implementation of Proposition 63 is consistent with the intent of the Mental Health Services Act and will enable San Francisco to advance its Housing First model for homeless mentally ill residents;
- Realignment – monitor and adopt positions as appropriate on legislation that would modify the current realignment funding system;
- Substance Abuse – sponsor legislation to create a category of State licensure for mobile methadone treatment.

Commissioners' Comments

- Commissioner Chow said that in 2006, the Federal government will take back the Medicaid drug program and will be creating its own formulary. He asked what the State is doing to protect its very broad formulary. Ms. Chawla said the advocacy would be at both the State and Federal level, and is covered by the Medicaid Redesign section of the Legislative Plan.

- Commissioner Illig said the Governor has proposed to cut the salaries of the IHSS workers, which will have an indirect impact on DPH services. He urged Ms. Chawla to monitor this issue as well. Ms. Chawla said she works closely with her counterpart at the Department of Human Services on issues such as these.

Action Taken: The Health Commission approved Resolution 02-05, "Approving the Department of Public Health 2005 State Legislative Plan," (Attachment A).

7) PROPOSITION 63, MENTAL HEALTH SERVICES ACT, UPDATE

Barbara Garcia, Deputy Director of Health, Director, Community Programs and Bob Cabaj, M.D., Director, Community Behavioral Health Services, presented an update on planning for implementation of the Mental Health Services Act (MHSA). MHSA was passed by California voters in November 2004 and provides funding for the transformation of the mental health system. Funds are generated by a one percent tax on incomes of over $1 million.

MHSA has five major funding areas: Prevention and Early Intervention; Services to Children; Adults and Older Adults; Education and Training; and Innovative Programs. For fiscal year 04/05, 45 percent of the funds are for education and training, 45 percent are for capital facilities and technology needs, 5 percent is for local planning and 5 percent is for State implementation. This first block of funding can be expended over a ten-year period. For the next three fiscal years, 60 percent of the funding must be used on services to children, adult and older adults, 20 percent to prevention and early intervention, 10 percent for education and training and 10 percent for capital facilities and technology. After fiscal year 07/08, there is no longer a prescribed percentage of funds that must go to pre-determined categories.

Dr. Cabaj said there are a number of important dates for 2005:

- January 1 – Tax collection begins. County planning expenses can be reimbursed to this date.
- April 1 – First of two installments of planning funds available. San Francisco to receive $207,487.
- June or July – Second installment of planning funds available.
- October 1 – Community Services and Support funds become available to counties—approximately $420 million statewide.

Ms. Garcia discussed San Francisco's planning process. DPH is creating a Behavioral Health Innovations Task Force. The 40 members of the task force will be selected for their expertise and representation. Mayor Newsom appointed Ms. Garcia to chair the task force. There is a month-long application process and the first meeting will be March 2nd. Members will reflect the ten areas identified by MHSA. DPH will ensure equitable representation of all stakeholders on the task force, especially consumers and family members. The task force will meet in neighborhoods to allow for public comment. The task force will create vision for the three-year plan and prioritize behavioral health needs. It will not allocate funds. There will also be focused sub-committees.

Ms. Garcia said DPH plans to submit its three-year plan to the State in August. Draft plans must have a 30-day review and public hearing sponsored by the Mental Health Board. The Department will bring the proposed plan to the Health Commission for review and approval.

Public Comment

- Antonio Morgan, a mental health consumer, said that Proposition 63 would result in more services. A lot of people got involved to get this act passed, and it will help 40,000 people in California.

- Robert Wheeler, program manager at Mental Health Association of San Francisco, said the Mental Health Association worked hard over the past years to get the Mental Health Services Act. Proposition 63 will help people get the right services at the right time in the right place. He thanked DPH for creating an inclusive process thus far and he is pleased to see committees on consumer issues, family issues and vocational services.

- Sandra Santana-Mora, Edgewood Center for Children and Families, spoke representing the Proposition 63 campaign committee. The Committee had two main goals: raise money and educate San Franciscans about the need for these services. This committee will remain together and continue to monitor implementation. She thanked the Department for its inclusiveness in this process.

- Rebecca Turner, Chair of the San Francisco Mental Health Board, said the Board is extremely excited about the passage of Proposition 63 and they are very committed to this being an open process. They take very seriously their role to hold a public hearing once the draft plan is released.

Commissioners' Comments

- Commissioner Guy said the planning timeline seems very tight, and she wants to acknowledge this. She said this is a significant and rare opportunity. She is looking forward to seeing the primary prevention and early intervention services that come out of the planning process.

- Commissioner Illig asked if there is a provision in the law that Proposition 63 funds cannot be used to supplant existing funds. Dr. Cabaj replied that Proposition 63 does include provisions about supplantation, but this language is currently being interpreted. Commissioner Illig said San Francisco differs from the rest of the State in two major ways: its innovative integration with Substance Abuse Services; and its partnerships with community-based organizations to provide services.

- Commissioner Sanchez said that this is a real opportunity to make a qualitative difference in the system, and in the lives of families. There are substantive partnerships with our educational instructions and non-profit organizations. We are fortunate in the Bay Area to have a whole cohort of professionals who are eager to get involved in developing new service models.

- Commissioner Umekubo said that mental health has been neglected and underfunded for so long, and this is a breath of fresh air. He asked how much money San Francisco would get. Dr. Cabaj said the estimate is $420 million statewide. The allocation formula is still being determined. If it is based solely on population, San Francisco's share would be approximately $17 million but staff is working closely with the State to educate them about the uniqueness of San Francisco's services.

- Commissioner Monfredini asked how long the planning committee would meet. Ms. Garcia said that after October, the group would probably meet quarterly to provide oversight and guidance on implementation. Commissioner Monfredini asked what would happen if people tried to stop this tax from continuing. Ms. Chawla said the only way to change the law is to go back to the voters.

- Commissioner Chow asked if the San Francisco Medical Society would be represented on the task force. Ms. Garcia said they must apply. Commissioner Chow asked staff to consider whether or not the Mental Health Board should hold its public hearing before the Health Commission does, so that the plan that is presented to the Health Commission includes comments received by the Mental Health Board.

8) PROFILE OF INJURY REPORT

Michael Radetsky, Injury Prevention, Community Health Education Section, presented the Profile of Injury Report. He was joined by Dr. Elizabeth McGloughlin of the Trauma Foundation, who was the principle author of the report. Dr. McGloughlin said the report is a collaboration between the San Francisco Injury Center, the Department of Public Health, San Francisco Violent Injury Reporting System, San Francisco Department of Parking and Traffic and the California Office of Traffic Safety. The report provides injury data drawn from death certificates and hospital discharge records for 2001, with specialized information spanning the years 2000-2002.

Dr. McLoughlin summarized the major causes of injury deaths in San Francisco: drugs and poisonings, 32 percent; falls, 14 percent; firearms, 11 percent; motor vehicle traffic crashes, 12 percent; suffocation, 9 percent; fire/burn, 3 percent; and other, 19 percent. Dr. McGloughlin highlighted the high percentage of pedestrian deaths that resulted from motor vehicle crashes. She also highlighted the high number of falls among seniors. Falls are the leading cause of injury hospitalization for San Francisco seniors 65. There is a financial cost to these falls but as importantly, a loss of independence. This is demonstrated by the data on where patients are discharged after falls. 57 percent of patients age 65-84 are discharged to a long-term care or other care facility, and 39 percent go home. For patients over 85, 69 percent go to a long-term care facility and only 26 percent go home. Dr. McGloughlin presented data on drug/poisoning-related injuries and violent deaths and injuries.

Dr. McGloughlin noted that the report includes a list of resources for prevention that is intended to help readers find provide programs and help providers collaborate with each other. This is not an exhaustive list and she welcomes any additions.

Mr. Radetsky summarized the Department's current injury prevention programs and violence prevention programs. There have been a variety of media campaigns to address red light running, speeding, drunk driving and other traffic safety issues. The Community Health Education Section funds a variety of community groups through the Pedestrian and Traffic Safety Project, including the Boys and Girls Club, OMI Neighbors in Action and many others. The CHIPPS (Community & Home Injury Prevention Program for Seniors) Program is a prevention project for senior falls, scalds and burns. The Department takes a harm reduction approach to poisoning/overdose prevention. The Department has done outreach to injection drug users on the dangers of mixing alcohol and other drugs and using the emergency room. DPH has also distributed Naloxone and have trained 500 people and 57 "saves" have been reported. DPH is also very involved in violence prevention, with a DPH-wide violence prevention network and a road map for violence prevention.

Commissioners' Comments

- Commissioner Umekubo asked how San Francisco compares to other metropolitan areas in terms of age-adjusted mortality. Dr. McGloughlin said this information is unavailable, mainly due to the fact that San Francisco is uniquely a city and county, and the data is reported by county. In addition, San Francisco is one of the only cities that does a profile of injury report.

- Commissioner Chow said it is important to see how San Francisco stands with other comparable areas, and would like to see if this could be done in the next report.

- Commissioner Guy said that, over the years of this report, the community's consciousness about injury has been raised. This has allowed the dialogue to be brought to the next level, and gives us a baseline by which to compare San Francisco to San Francisco. This allows us to see if our interventions are working. Commissioner Guy said the CHIPPS (Community & Home Injury Prevention Program for Seniors) program is a worthy and cost-effective program. The Health Commission has to figure out how to continue this program.

- Commissioner Illig appreciates the report, particularly in terms of grant writing. He suggested that this presentation be made to the Hospital Council, Commission on Aging and the Mayor's Long-Term Care Coordinating Council.

- Commissioner Chow said the CHIPPS program has demonstrative cost savings, and this might be one of the grants that is picked up by the general fund.

9) PUBLIC COMMENT/OTHER BUSINESS

- No name given, commented on her treatment at San Francisco General Hospital Urgent Care. Nothing has happened with regard to the complaint she filed against the physician that treated her.

10) ADJOURNMENT

The meeting was adjourned at 5:30

Michele M. Olson
Executive Secretary to the Health Commission

Attachments: (1)

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be reflected in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

HEALTH COMMISSION
City and County of San Francisco
Resolution No. 02-05

Approving the Department of Public Health 2005 State Legislative Plan

WHEREAS, the Department of Public Health's (the Department) Strategic Plan prioritizes engagement in local, State and federal advocacy in order to ensure that health policy changes are consistent with Department priorities; and

WHEREAS, the Department's advocacy activities are coordinated in the Office of Policy and Planning, which, through legislative analysis, participation in statewide coalitions, and collaboration with community partners and colleagues from other counties, reviews and analyzes health-related legislation for the Department and the City; and

WHEREAS, a number of important issues that will have a significant impact on the Department will likely be considered by the Legislature in 2005, including Medi-Cal redesign, Statewide hospital financing, nonprofit hospital charity care, prescription drug reimportation, and a possible new realignment of State and local programs and funding; and

WHEREAS, the Department participates in a number of health-related statewide organizations and coalitions, including the County Health Executives Association of California, the California Conference of Local Health Officers, the Health Officers Association of California, the California Association of Public Hospitals and Health Systems, the California State Association of Counties, and the California Healthcare Association, to ensure that the City is represented in coalition positions on legislation; and

WHEREAS, the Department makes recommendations to the Mayor's Office of Public Policy and Finance and the Mayor's State Legislative Committee for City positions on health-related State legislation; and

WHEREAS, the Mayor's Office approves City positions on legislation in one of two ways: (1) by approving at the beginning of each legislative session the Department's State Legislative Plan, which outlines the Department's recommendations on issues likely to arise in the upcoming year; or (2) through a hearing before the State Legislative Committee for those issues that are not addressed in the State Legislative Plan; and

WHEREAS, the Department has prepared a draft State Legislative Plan for 2005; now, therefore, be it

RESOLVED, that the Health Commission supports the Department's advocacy efforts in accordance with the approved Strategic Plan; and be it

FURTHER RESOLVED, that the Health Commission approves the Department's 2005 State Legislative Plan.

Attachment A

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Lee Ann Monfredini
President

Roma P. Guy, M.S.W
Vice President

Edward A. Chow, M.D.
Commissioner

James M. Illig
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz,
Director of Health

Michele M. Olson
Executive Secretar

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

AGENDA

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HEALTH COMMISSION MEETING

Tuesday, February 15, 2005
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 1:30 P.M. AT 101 GROVE.

THE HEALTH COMMISSION WILL ACT ON THOSE CONSENT CALENDAR ITEMS THAT HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF FEBRUARY 1, 2005
**Minutes of the meeting of February 1, 2005*

3) PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner James M. Illig)

(3.1) **SFGH-Finance Office** – Request for approval to submit a resolution to the Board of Supervisors to accept revenues newly estimated to exceed $1,000,000, under a contract with Triage Consulting Group, previously approved by the Health Commission on July 6, 2004.
** Request memo, Board of Supervisors Resolution*

(3.2) **AIDS Office-HIV Health Services** - Request for approval of the FY 2005-2006 Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 Title I contracts for a combined total of $474,893 for the period of March 1, 2005 through February 28, 2006, for HIV Health Services programs with the Regents of the University of California – San Francisco (UCSF) with the following programs:

Department	**Service Description**		**12 Month Amt**
UCSF – AIDS Health Project	Mental Health Crisis Services		$310,358
UCSF – AIDS Health Project	Primary Care		$164,535
		TOTAL	$474,893

** Calendaring memo, Monitoring report summaries*

(3.3) **AIDS Office-HIV Health Services** - Request for approval of the FY 2005-2006 Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 Title I contracts for a combined total of $519,263 for the period of March 1, 2005 through October 31, 2005, for HIV Health Services programs with the Regents of the University of California – San Francisco (UCSF) with the following programs:

Department	**Service Description**		**8 Month Amt**
UCSF – AIDS Health Project	Mental Health Services		$360,145
UCSF – Women's Specialty Clinic	Primary Medical Care		$142,451
UCSF – Positive Health Practice	Men of Color Program		$16,667
		TOTAL	$519,263

** Calendaring memo, Regents UC information, Monitoring report summaries*

(3.4) **AIDS Office-Health Services** - Request for approval of the FY 2005-2006 Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 Title I and Title II contracts for a combined total of $14,232,623 for the period of March 1, 2005 through February 28, 2006 for Title I funds, and April 1, 2005 through March 31, 2006 for Title II funds for HIV Health Services programs with the following agencies *(These agencies listed below in italics will be offered a six-month extension)*:

Agency	**12 Month Amount**	**12% Contingency Amount**	**Total Amount**
AIDS Community Research Consortium	$88,067	$10,568	$98,635
AIDS Emergency Fund	$637,553	$76,506	$714,059
Asian Pacific Islander Wellness Center (APIWC)	$45,247	$5,430	$50,677
Baker Places, Inc.	$126,089	$15,131	$141,220
Baker Places, Inc. *(CARE II)*	$41,074	$4,929	$46,003
Catholic Charities	$163,398	$9,608	$183,006
Community Awareness & Treatment Services	$199,625	$23,955	$223,580
Community Awareness & Treatment Services	$201,951	$24,234	$226,185
Dolores Street Community Center	$174,033	$20,884	$194,917
Haight Ashbury Free Clinic	$709,776	$85,173	$794,949
Housing & Urban Health Services - Contracts:			
Ark of Refuge, Inc.	$302,705	$36,325	$339,030
Baker Places, Inc.	$1,308,662	$157,040	$1,465,702
Black Coalition on AIDS	$360,108	$43,213	$403,321
Catholic Charities	$1,078,483	$129,418	$1,207,901
Larkin Street Youth Center	$579,134	$69,496	$648,630
Lutheran Social Services	$132,080	$15,850	$147,930
San Francisco AIDS Foundation	$2,544,315	$305,318	$2,849,633

Tenderloin AIDS Resource Center	$171,788	$20,615	$192,403
Walden House, Inc.	$72,960	$8,755	$81,715
The Latino Commission	$250,000	$30,000	$280,000
Lutheran Social Services	$532,056	$63,847	$595,903
Marin Department of Health & Human Services	$1,045,981	$125,518	$1,171,499
Positive Resource Center	$268,815	$32,258	$301,073
San Francisco Food Bank	$92,800	$11,136	$103,936
San Francisco Suicide Prevention	$101,794	$12,215	$114,009
San Mateo County AIDS Program	$2,226,607	$267,193	$2,493,800
University of Pacific – School of Dentistry	$523,215	$62,786	$586,001
Walden House	$1,275,755	$153,091	$1,428,846
Westside Community Mental Health	$192,522	$23,103	$215,625
TOTAL	$13,446,593		$14,232,623

** Calendaring memo, Monitoring report summaries*

(3.5) **AIDS Office-HIV Health Services** - Request for approval of FY 2005-2006 Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 Title I contracts for a combined total of $12,559,316 for the eight month interim agreement period of March 1, 2005 through October 31, 2005.

Agency	**12 Month Annualized Amount**	**8 Month Amount**
Ark of Refuge	$94,081	$62,721
Asian Pacific Islander Wellness Center (APIWC)	$20,685	$13,791
Asian Pacific Islander Wellness Center (APIWC)	$203,098	$135,399
Community Awareness & Treatment Services	$20,143	$13,429
Continuum HIV Day Services	$135,556	$90,371
Continuum HIV Day Services	$302,833	$201,889
Family Service Agency of San Francisco	$188,590	$125,726
Haight Ashbury Free Clinic	$415,059	$276,707
Institute for Community Health Outreach	$141,051	$94,035
Instituto Familiar de la Raza	$227,178	$151,452
Iris Center	$144,375	$96,251
Lyon Martin Women's Health Services	$328,912	$219,275
New Leaf	$141,691	$94,461
Saint Mary's Medical Center	$580,585	$387,057
San Francisco Community Clinic Consortium	$328,253	$218,836
Tenderloin AIDS Resource Center	$566,874	$377,916
TOTAL		$12,559,316

** Calendaring memo, Monitoring report summaries*

(3.6) **PHP-EMSA** - Request for approval of a new perpetual software license and software maintenance agreement with FirstWatch Solutions, in the amount of $72,800, to provide access to the FirstWatch^{TM} software application for the Real Time Syndromic Surveillance Information Project, for the period of March 1, 2005 through March 31, 2009, for a total contract value of $72,800.
** Contract summary*

(3.7) **BHS-Mental Health** - Request for approval of a new contract with Resource Development Associates in the amount of $114,285 to provide consulting services to develop the Mental Health Services Act (Proposition 63) plan, for the period of February 22, 2005 through September 30, 2005.
** Contract summary*

(3.8) **BHS-Mental Health** - Request for approval of a retroactive contract renewal with the Regents of the University of California, in the amount of $359,022, to provide crisis intervention and stabilization, clinical case management and linkage services, for the period of July 1, 2004 through June 30, 2005.
** Contract summary, Program review monitoring report, Client demographic information form*

(3.9) **BHS** – Request for approval to accept and expend retroactively funds from the University of California, San Francisco (UCSF), in the amount of $276,279, for expansion of the Positive Health Program at San Francisco General Hospital for local and multi-site evaluation activities on the integration of buprenorphine into the Positive Health Program, for the period of September 1, 2004 to August 31, 2009.
** Calendaring memo, Grant information form, Budget and Budget justification*

(3.10) **AIDS Office-HIV Health Services** – Request for approval of a new contract with Patricia Sullivan, in the amount of $297,410, to provide consultant services for the purchase and distribution of vouchers to CARE-funded service providers, for the period of certification through February 28, 2005.
** Contract summary*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **FOR DISCUSSION AND ACTION:** **CONSIDERATION OF A RESOLUTION ENDORSING THE EMS POLICY ON MEDICAL PLANS FOR MASS GATHERINGS**
(John Brown, M.D., Medical Director, EMS Agency)
**Policy, Draft Resolution*

6) **FOR DISCUSSION:** **PRESENTATION OF THE FY 2004-2005 2nd QUARTER FINANCIAL REPORT**
(Gregg Sass, DPH Chief Financial Officer)
**Report*

7) **FOR DISCUSSION:** **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 2005-06**
(Mitchell H. Katz, M.D., Director of Health)
** Report*

8) **PUBLIC COMMENT/OTHER BUSINESS****

9) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

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www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.html

Lee Ann Monfredini
President

Roma P. Guy, M.S.W
Vice President

Edward A. Chow, M.D.
Commissioner

James M. Illig
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz,
Director of Health

Michele M. Olson
Executive Secretar

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.dph.sf.ca.us

MINUTES

HEALTH COMMISSION MEETING

Tuesday, February 15, 2005
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

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1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:08 p.m.

Present:
Commissioner Lee Ann Monfredini, President
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Edward A. Chow, M.D.
Commissioner James M. Illig
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

Commissioner Monfredini announced that Item 7, the presentation of the FY 2005-2006 budget, would not be presented at today's meeting.

Commissioner Monfredini announced the 2005 Health Commission committee assignments:

Joint Conference Committee For Community Programs And Services (CPS JCC):
David J. Sanchez, Jr., Ph.D., Chair, Roma P. Guy, MSW, Member

Joint Conference Committee For Laguna Honda Hospital (LHH JCC):
Edward A. Chow, M.D., Chair, James M. Illig, Member

Joint Conference Committee For San Francisco General Hospital (SFGH JCC):
Lee Ann Monfredini, Chair, John Umekubo, M.D., Member

- Commissioner Illig asked that there be uniformity in the kind of information that is presented with the agenda items, specifically in the areas of contract monitoring and demographics.

Commissioner Sanchez abstained from voting on this item.

(3.3) **AIDS Office-HIV Health Services** - Request for approval of the FY 2005-2006 Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 Title I contracts for a combined total of $519,263 for the period of March 1, 2005 through October 31, 2005, for HIV Health Services programs with the Regents of the University of California – San Francisco (UCSF) with the following programs:

Department	**Service Description**	**8 Month Amt**
UCSF – AIDS Health Project	Mental Health Services	$360,145
UCSF – Women's Specialty Clinic	Primary Medical Care	$142,451
UCSF – Positive Health Practice	Men of Color Program	$16,667
	TOTAL	$519,263

Commissioners' Comments

- Commissioner Chow requested a copy of the Centers of Excellence solicitation once it is released.

Commissioner Sanchez abstained from voting on this item.

(3.4) **AIDS Office-Health Services** - Request for approval of the FY 2005-2006 Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 Title I and Title II contracts for a combined total of $14,232,623 for the period of March 1, 2005 through February 28, 2006 for Title I funds, and April 1, 2005 through March 31, 2006 for Title II funds for HIV Health Services programs with the following agencies *(These agencies listed below in italics will be offered a six-month extension)*:

Agency	**12 Month Amount**	**12% Contingency Amount**	**Total Amount**
AIDS Community Research Consortium	$88,067	$10,568	$98,635
AIDS Emergency Fund	$637,553	$76,506	$714,059
Asian Pacific Islander Wellness Center (APIWC)	$45,247	$5,430	$50,677
Baker Places, Inc.	$126,089	$15,131	$141,220
Baker Places, Inc. *(CARE II)*	$41,074	$4,929	$46,003
Catholic Charities	$163,398	$9,608	$183,006
Community Awareness & Treatment Services	$199,625	$23,955	$223,580
Community Awareness & Treatment Services	$201,951	$24,234	$226,185
Dolores Street Community Center	$174,033	$20,884	$194,917
Haight Ashbury Free Clinic	$709,776	$85,173	$794,949
Housing & Urban Health Services - Contracts:			
Ark of Refuge, Inc.	$302,705	$36,325	$339,030
Baker Places, Inc.	$1,308,662	$157,040	$1,465,702
Black Coalition on AIDS	$360,108	$43,213	$403,321
Catholic Charities	$1,078,483	$129,418	$1,207,901
Larkin Street Youth Center	$579,134	$69,496	$648,630
Lutheran Social Services	$132,080	$15,850	$147,930
San Francisco AIDS Foundation	$2,544,315	$305,318	$2,849,633
Tenderloin AIDS Resource Center	$171,788	$20,615	$192,403

San Francisco Community Clinic Consortium	$328,253	$218,836
Tenderloin AIDS Resource Center	$566,874	$377,916
TOTAL		$12,559,316

Ms. Long Dixon said that the contract with Haight Ashbury Free Clinic was being removed from the list of requested contract approvals.

Commissioners' Comments

- Commissioner Chow said that it seems that many agencies need assistance in meeting cultural competency requirements, and he Chow would like to understand if agencies face common difficulties. Ms. Long Dixon said that these issues would be discussed in the 2004-2005 monitoring reports.

- Commissioner Illig is concerned that contractors, who are already facing funding constraints, would be required to set aside money for things like translation, TDD/TDY and other things. He suggested that the Commission take another look at the cultural competency requirements to see what is encouraged and what is mandated.

Commissioner Illig and Commissioner Umekubo abstained from voting on this item as it pertains to the contract with St. Mary's Medical Center.

(3.6) **PHP-EMSA** - Request for approval of a new perpetual software license and software maintenance agreement with FirstWatch Solutions, in the amount of $72,800, to provide access to the FirstWatch^{TM} software application for the Real Time Syndromic Surveillance Information Project, for the period of March 1, 2005 through March 31, 2009, for a total contract value of $72,800.

(3.7) **BHS-Mental Health** - Request for approval of a new contract with Resource Development Associates in the amount of $114,285 to provide consulting services to develop the Mental Health Services Act (Proposition 63) plan, for the period of February 22, 2005 through September 30, 2005.

(3.8) **BHS-Mental Health** - Request for approval of a retroactive contract renewal with the Regents of the University of California, in the amount of $359,022, to provide crisis intervention and stabilization, clinical case management and linkage services, for the period of July 1, 2004 through June 30, 2005.

Commissioners' Comments

- Commissioner Chow asked what was being done to address the program performance issues. Mitzi Goya, program director, said there was a lot of change in leadership in 2002-2003. The medical director and case managers left, and she was on maternity leave. In May 2003 she did an analysis and was able to turn things around. The program is currently at 84 percent of productivity.

Commissioner Sanchez abstained from voting on this item.

(3.9) **BHS** – Request for approval to accept and expend retroactively funds from the University of California, San Francisco (UCSF), in the amount of $276,279, for expansion of the Positive Health Program at San Francisco General Hospital for local and multi-site evaluation activities on the

communication with the Planning Council so that the Council and the Health Commission are on the same page with regard to funding priorities.

- Commissioner Sanchez appreciates the sprit of inquiry and the sharing of information. This is what makes the Budget Committee productive, improves dialogue with agencies and positively impacts outcomes.

Action taken: The Commission approved Item 3.1 through 3.3 and 3.6 through 3.10 of the Budget Committee Consent Calendar.

For Item 3.4, the Commission approved six-month contract extensions, with the contracts coming back to the Health Commission for approval of the 12-month renewals.

For Item 3.5, the Commission approved eight-month contract extensions, with the contracts coming back to the Health Commission for approval of the 12-month renewals.

The contract with Haight Ashbury Free Clinics was removed from Item 3.4 and Item 3.5.

Commissioner Sanchez abstained from voting on Item 3.2, Item 3.3, Item 3.8 and Item 3.9. Commissioner Illig abstained from voting on Item 3.5 as it pertains to the contract with St. Mary's Medical Center. Commissioner Umekubo abstained from voting on Item 3.5 as it pertains to the contract with St. Mary's Medical Center.

Commissioner Chow requested an update on the OBOAT initiative at the CPS JCC.

Commissioner Chow and Commissioner Illig requested that the Health Commission have a discussion about cultural competency guidelines.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., presented the Director's Report.

Federal Budget

On February 7th, President Bush released his $2.57 trillion fiscal year 2006 budget. The budget proposes a 1.2 percent decrease to discretionary funds in the federal Health and Human Services (HHS) budget, including large reductions for the Centers for Disease Control and Prevention, $60 billion in reductions to Medicaid, and the elimination or significant reduction of a large number of HHS programs. The budget proposal would eliminate 99 programs, make large reductions in funds for 55 and restructure 16 to save a net total of $17.2 billion. The HHS programs to be cut include seven Health Resources and Services Administration programs that fund emergency medical services for children, hospital construction, traumatic brain injury and hearing tests for infants. In addition, the budget proposal would eliminate a $59 million federal anti-obesity campaign that encourages children ages nine to 13 to exercise.

- Commissioner Guy congratulated San Francisco General Hospital for the recognition of its quality service.

- Commissioner Umekubo congratulated San Francisco General Hospital and applauded the trend toward best practices and protocols. This will translate to better care.

- Commissioner Chow suggested that the Hospital Council look at more widespread utilization of preprinted protocols.

- Commissioner Illig added his congratulations to San Francisco General Hospital, and hopes that this could be more widely publicized.

- Commissioner Monfredini reiterated her thanks to the Avon Foundation for its support of the Mammovan, and thanked Gene O'Connell for her leadership it getting the Mammovan back in operations.

5) CONSIDERATION OF A RESOLUTION ENDORSING THE EMS POLICY ON MEDICAL PLANS FOR MASS GATHERINGS

John Brown, M.D., Medical Director, EMS Agency presented an overview on the proposed EMS policy on medical plans for mass gatherings. The purpose of the policy is to provide guidelines for type and amounts of medical coverage at various venues, and allow for flexibility to match venue-specific needs with available resources. This policy should decrease dependence on non-event EMS system. The policy was developed using lessons learned from the "Mellow Millennium" response, medical literature, successful Halloween in the Castro events and the San Diego Model. Plans must address: description of venue; safety of participants and spectators; communication; medical resources and evaluation of ill or injured. Types of resources that may be needed include first aid stations, ambulances, mobile teams and CPR and 911 access.

Dr. Brown said there was a public comment period on the proposed policy from January 21 through February 5, 2005, and a public meeting to receive comments on February 1. Comments and responses ranged from concerns that the policy was too demanding to not being comprehensive enough. Most were supportive of the concept. The policy was modified to include suggestions and clarify points as requested.

The policy is contingent on the Board of Supervisors changing City ordinances, and the effective date would be announced after the Board takes action. Event after-action reports would be reviewed to see if lessons learned suggest any changes to the process or policy. Dr. Brown said non-EMS stakeholders are welcome to attend Operations Advisory Meetings to discuss the policy.

Public Comment

- Joseph Pred, owner of Mutual Aid Response Services and a commissioner on the Entertainment Commission, spoke in support of the policy, as written and modified through the public comment process. This will improve the quality of care at large events.

Commissioners' Comments

- Commissioner Monfredini asked what happens with spontaneous events. Dr. Brown said the policy tries to address protester events where a permit is required, even though these permits are needed in the prior year, because the Department made a number of structural corrections to the budget this fiscal year.

Commissioners' Comments

- Commissioner Illig wants to be sure that the Mayor's Office understands the underlying reasons for the overexpenditures at Laguna Honda Hospital. Laguna Honda has needs that must be addressed in next year's budget, and he does not want the hospital to be held responsible for problems that are not of their doing. Commissioner Illig clarified that the financial statement does not include grants. Mr. Sass said the statement only includes general fund. Mr. Sass said he would be happy to present a separate grants report. Commissioner Illig suggested that the report be presented to the Budget Committee first, where there can be in-depth discussion.

- Commissioner Monfredini asked staff to calendar this report at the most appropriate time, after the budget has been adopted, recognizing that staff is currently overwhelmed with budget preparation.

- Commissioner Guy asked if there is a trend toward an increasing need for out-of-county IMD beds. Dr. Katz said that one of the goals for the restructured MHRF is to be able to bring some out-of-county placements back to San Francisco.

- Commissioner Chow is interested in how the Proposition 63 funds are incorporated into Mental Health's budget, and what the true Mental Health base budget is. Dr. Katz said that there are still discussions about the interpretation of Proposition 63's maintenance of effort requirements. However there is interest in funding a variety of community placements for out-of-county IMD beds with Proposition 63 funds.

- Commissioner Umekubo asked why there was an unfavorable variance in capitation revenue at SFGH. Mr. Sass replied that there are a lot of factors. The two areas where they had variances were in larger than budgeted out-of-network costs, and the later-than-expected transfer of pharmacy benefit program to SFGH.

7) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 2005-06

This presentation was continued to a future Health Commission meeting.

8) PUBLIC COMMENT/OTHER BUSINESS

None.

9) ADJOURNMENT

The meeting was adjourned at 4:45 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Health Commission
City and County of San Francisco
Resolution No. 03-05

Endorsement of the Emergency Medical Services and Emergency Operations Section Policy on Medical Plans for Mass Gatherings

WHEREAS, in January 2000, the EMS and Emergency Operations Section of the Department of Public Health presented its evaluation of the San Francisco EMS Response to the Millennium; and

WHEREAS, the evaluation recommended the institution of a medical plan requirement for the mass gathering permitting process; and

WHEREAS, the Emergency Medical Services System of San Francisco is impacted by the emergency medical conditions generated by attendees at certain types of mass gatherings; and

WHEREAS, San Francisco and many other cities and counties in California have successfully implemented medical plans for mass gathering events, resulting in maintaining the normal high levels of EMS care available to residents and visitors during these events, and

WHEREAS, the Department of Public Health has worked with these cities and counties and the City Departments and agencies responsible for issuing mass gathering permits including the Entertainment Commission, the Department of Parking and Traffic, the Police Department and the Department of Parks and Recreation; and

WHEREAS, the City and County of San Francisco wishes to maintain its level of EMS services and will undertake the modification of the current traffic and administrative codes in order to institute the requirement for a submission of a standardized medical plan for mass gatherings of a nature that may impact EMS services; now, therefore, be it

RESOLVED that the Health Commission of the City and County of San Francisco endorses the Medical Services at Mass Gatherings and Special Events Policy of the EMS and Emergency Operations Section, to take effect following the necessary changes to the traffic and Administrative codes of San Francisco.

I hereby certify that the Health Commission at its meeting of February 15th, 2005 adopted the foregoing resolution.

Michele M. Olson
Health Commission Secretary

Attachment A

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AGENDA

HEALTH COMMISSION MEETING

Tuesday, March 1, 2005
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. AT 101 GROVE.

THE HEALTH COMMISSION WILL ACT ON THOSE CONSENT CALENDAR ITEMS THAT HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF FEBRUARY 15, 2005**
**Minutes of the meeting of February 15, 2005*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner James M. Illig)

(3.1) **CHN-SFGH Radiology** – Request for approval of two contract modifications with Medical Contracting Services and The Registry Network, Inc., to increase the combined contract amount by $663,000, from $900,000 to $1,563,000, to provide intermittent, as-needed, professional services of Per Diem and Traveling Radiology Technologists with on-call availability 7 days a week, for San Francisco General Hospital, for the period of July 1, 2004 through June 30, 2005.
** Contract summary, List of vendors' services and rates*

(3.2) **PHP-Epidemiology and Disease Control** – Request for approval to enter, retroactively, into a performance agreement between Public Health Foundation Enterprises, Inc. and the San Francisco Department of Public Health, Epidemiology and Disease Control, to develop a secure electronic system by which clinical laboratories can report San Francisco residents' hepatitis test results to the San Francisco Department of Public Health, in the amount of $108,944, for the period of December 30, 2004 to December 29, 2005.
** Request memo, Grant information form, Budget forms*

(3.3) **PHP-CHSS-TB Control** – Request for retroactive approval of a contract renewal with the Regents of the University of California (UCSF), in the amount of $1,500,000, to provide tuberculosis training, technical assistance and medical consultation services to healthcare providers and other professionals in the field, through the Regional Training and Medical Consultation Center, for the period of January 1, 2005 through December 31, 2005.
** Contract summary, Monitoring report summary*

(3.4) **AIDS Office-Health Services** - Request for approval of a contract renewal with Haight Ashbury Free Clinics Incorporated in the amount of $253,373 to provide HIV Integrated Services targeting persons who are infected with HIV/AIDS for the period of March 1, 2005 through October 31, 2005.
** Calendaring memo, Monitoring report summary, demographic information*

(3.5) **AIDS Office-HIV Health Services** - Request for approval of a contract renewal with Haight Ashbury Free Clinics Incorporated in the amount of $354,889 to provide Residential Detox and Substance Abuse Services targeting person who are infected with HIV/AIDS for the period of March 1, 2005 through August 31, 2005.
** Calendaring memo, Monitoring report summary, demographic information*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **FOR DISCUSSION:** **PRESENTATION OF THE DEPARTMENT OF CHILDREN, YOUTH AND THEIR FAMILIES DRAFT COMMUNITY NEEDS ASSESSMENT**
(Margaret Brodkin, Executive Director, DCYF)
**Draft Community Needs Assessment*

6) **PUBLIC COMMENT/OTHER BUSINESS****

7) **ADJOURNMENT**

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Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.html**

Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

James M. Illig
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. **(415) 554-2666**
FAX **(415) 554-2665**

Web Site: http://www.sfdph.org
e-mail: health.commission.dph@sfdph.or

MINUTES

HEALTH COMMISSION MEETING

Tuesday, March 1, 2005
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

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1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:30 p.m.

Present:
Commissioner Lee Ann Monfredini, President
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Edward A. Chow, M.D.
Commissioner James M. Illig
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF FEBRUARY 15, 2005

Action Taken: The Commission approved the minutes of the February 15, 2005 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Illig chaired, and Commissioner Chow and Commissioner Sanchez attended, the Budget Committee meeting.

(3.1) **CHN-SFGH Radiology** – Request for approval of two contract modifications with Medical Contracting Services and The Registry Network, Inc., to increase the combined contract amount by $663,000, from $900,000 to $1,563,000, to provide intermittent, as-needed, professional services of

Per Diem and Traveling Radiology Technologists with on-call availability 7 days a week, for San Francisco General Hospital, for the period of July 1, 2004 through June 30, 2005.

Commissioners' Comments

- Commissioner Chow asked how SFGH plans to hire permanent radiology technicians, given the competitive recruiting environment. Mr. Hollingsworth, Director of Radiology at SFGH, replied that the hospital is competitive in terms of salary. However new employees are often offered night and weekend shifts, which can serve as a disincentive. One particular difficulty has been recruiting people into the more specialized positions, such as CT, interventional radiology and others.

- Commissioner Sanchez asked where most of the applicants come from. Mr. Hollingsworth replied that most are from City College of San Francisco.

(3.2) **PHP-Epidemiology and Disease Control** – Request for approval to enter, retroactively, into a performance agreement between Public Health Foundation Enterprises, Inc. and the San Francisco Department of Public Health, Epidemiology and Disease Control, to develop a secure electronic system by which clinical laboratories can report San Francisco residents' hepatitis test results to the San Francisco Department of Public Health, in the amount of $108,944, for the period of December 30, 2004 to December 29, 2005.

(3.3) **PHP-CHSS-TB Control** – Request for retroactive approval of a contract renewal with the Regents of the University of California (UCSF), in the amount of $1,500,000, to provide tuberculosis training, technical assistance and medical consultation services to healthcare providers and other professionals in the field, through the Regional Training and Medical Consultation Center, for the period of January 1, 2005 through December 31, 2005.

Commissioner Sanchez abstained from voting on this item.

(3.4) **AIDS Office-Health Services** - Request for approval of a contract renewal with Haight Ashbury Free Clinics Incorporated in the amount of $253,373 to provide HIV Integrated Services targeting persons who are infected with HIV/AIDS for the period of March 1, 2005 through October 31, 2005.

Gregg Sass, DPH CFO, gave an update on the financial condition of the agency. The agency met its last two payrolls, came current on the required employee retirement contributions and hopes to finalize additional financing within the next week. Mr. Sass is getting weekly updates. HAFC's problems are complicated and difficult, but primarily expenditures exceed cash receipts. It is going to take a great deal of effort on the agency's part to turn the situation around. Mr. Sass and Barbara Garcia have been working closely with agency staff and board. Mr. Sass recommends approving the two contracts that are before the Commission because the start date is March 1 and clients need to continue to receive treatment and staff needs to be paid. DPH can make adjustments to contracts with 30-day notice if need be. Mr. Sass will bring monthly updates to the Budget Committee.

Commissioners' Comments

- Commissioner Chow asked if Mr. Sass is confident HAFC could administer these funds, and how closely he would be working with the agency. Mr. Sass anticipates weekly cash forecast updates, and if anything significant happens, the agency is to notify him immediately. Mr. Sass has also requested a long-term plan to restructure the balance sheet, and bring expenses and revenues into line. Commissioner Chow asked the Chair of the Board if there is a commitment to meeting DPH's needs. Darrly Inaba, CEO, replied that he has tried to solidify banking relationships and adjudicate the embezzlement. He appreciates the Department's assistance during this difficult time. Eric Flowers, president of the Board, said the Board of Directors is fully aware of the operational and structural issues facing the agency. The form of governance needs to be made more current. He is taking steps to bring professionals with the time and skill sets to the board, and have all the directors understand the business that HAFC is in. They are evaluating all their contracts to identify services that do not fit economically or business-wise with the free clinics, and opportunities to make programs more viable. As Board chair, his priorities include: refortifying the board; working with bridge financing; restructuring balance sheet to give more flexibility and adaptability; fundraising.

- Commissioner Illig asked for assurances that the agency is going to cut costs immediately, because they are losing hundreds of thousands of dollars monthly. Mr. Flowers said this analysis is being done now. Commissioner Illig is particularly concerned with the contract with jail psychiatric services. The agency needs to carefully evaluate whether it is able to continue to provide this service to DPH.

- Commissioner Sanchez urged the Board to reach out to the Foundation resources that are available in San Francisco. Mr. Flowers said they have been in contact with the San Francisco Foundation, Community Clinic Consortium and others to identify best practices.

- Commissioner Illig asked how the agency is going to reach the targeted units of services. Ms. Long Dixon said that there would be discussion with the agency about how to address this. She reiterated to the Committee that these services were being put out to bid.

- Commissioner Chow asked for detailed information about what types of services are provided in a primary care encounter. Ms. Long Dixon will send this information to the Commissioners.

(3.5) **AIDS Office-HIV Health Services** - Request for approval of a contract renewal with Haight Ashbury Free Clinics Incorporated in the amount of $354,889 to provide Residential Detox and Substance Abuse Services targeting person who are infected with HIV/AIDS for the period of March 1, 2005 through August 31, 2005.

Secretary's Note – The amount of the contract is $308,222.

Commissioners' Comments

- Commissioner Illig asked why there are vacant beds. Ben Eiland, Director of Substance Abuse Services, said they were having problems with one of the three residential programs, specifically that they were unable to find individuals who were appropriate for the service. In fact, the agency had considered discontinuing this service. But in the last 90 days, the center has been at capacity. There is a new site manager who does a lot more community outreach.

Commissioners' Comments (at the Health Commission meeting)

- Commissioner Monfredini said the agency is in trouble and must get out of it. She reiterated that Mr. Sass is there to provide assistance to the agency, and they should take advantage of that. She does not want the DPH or Health Commission to be the last to know about problems.

The agency provides extremely valuable services, and the Health Commission wants to continue doing business with them. However the lines of communication have to be open.

Action Taken: The Health Commission approved the Budget Committee Consent Calendar, with Commissioner Sanchez abstaining from voting on Item 3.3.

There will be monthly updates to the Budget Committee on Haight Ashbury Free Clinics.

4) DIRECTOR'S REPORT

Anne Kronenberg, Deputy Director of Health, presented the Director's Report.

Laguna Honda Hospital Admissions Policy

At the direction of Mayor Newsom, DPH returned Laguna Honda Hospital's admissions policy to what it was prior to March 2004. As the Commission will recall, last March Dr. Katz initiated changes to Laguna's admissions policy in order to give priority to patients transferring from San Francisco General Hospital. This policy change was implemented as a cost-saving measure to reduce the number of decertified Medi-Cal days experienced at San Francisco General Hospital. Prior to the policy change, 54 percent of Laguna's admissions were from San Francisco General Hospital. After the new policy was implemented, admissions from SFGH represented 75 percent of Laguna Honda Hospital's new admissions. The policy changed saved the Department an estimated $1.7 million. However, the policy change caused a great deal of distress for Laguna Honda staff and members of the community. Because Laguna Honda Hospital has traditionally focused more on meeting the needs of people at the end of their lives or people with medical disabilities, many felt uncomfortable with the increase of people coming from General for shorter stays and with multiple and complex service needs. In order to bridge the revenue gap created by the policy's reversal, additional reductions totaling $1.7 million will need to be included in the base budget.

Ryan White Title I Award Announced

This afternoon, the AIDS Office received verbal notification that the CARE Title I award for the San Francisco EMA for FY 2005-06 is $28,297,777. The award represents a $1.55 million – approximately 5.5 percent – reduction from last year's allocation. An official analysis of the award will be available from the AIDS Office within the next 48 hours, once they receive additional information from the federal Health Resources and Services Administration.

Local Disease Prevention Demonstration Project

Today, the Board will consider final passage of an ordinance that will enable pharmacies in San Francisco to sell syringes without a prescription. As the Commission is aware, lack of access to sterile syringes results in higher rates of HIV and hepatitis C infection. The Local Disease Prevention Demonstration Project will establish an effective harm reduction strategy to ensure that drug users who continue to inject have access to new, sterile syringes for each injection to prevent transmission of these blood-borne pathogens. Under the program, pharmacists will be able to sell up to 10 syringes to an adult without a prescription. In addition, pharmacists will provide purchasers with information on how to access drug treatment, how to access testing and treatment for HIV and hepatitis C, and how to safely dispose of used syringes. The Department has been working with a coalition of stakeholders, including Walgreen's, Rite-Aid, UCSF, and the San Francisco AIDS Foundation, to design and implement this program.

San Francisco Behavioral Health Center

Earlier this year, Dr. Katz updated the Commissioners on the progress with the San Francisco Behavioral Health Center. Dr. Katz discussed the State's recommendation to apply for a single 41-bed Adult Residential Facility (ARF) license, instead of dual ARF and Residential Treatment Facility licenses for the first floor. With the Commission's approval, DPH submitted the revised application on January 28, 2005. Dr. Katz is pleased to report that DPH has been awarded the 41-bed ARF license. This development will allow the Department to complete the reprogramming of the SFBHC to a multiple levels of care for mentally ill patients in San Francisco. He thanked the Commissioners, members of the Blue Ribbon Committee, members of the SFBHC Advisory Committee, and all the SFGH staff whose efforts have taken the Department so far in this reprogramming process. Staff will now begin working to implement the ARF program. He will continue to update the Health Commission on our progress.

Community Forum on "Superinfection" reports from New York City

On Tuesday February 22nd, more than 200 people attended a community forum designed to answer questions that individuals and community based HIV service providers had about reports of a new strain of HIV disease reported in New York. Steven Tierney, Director of HIV Prevention, Sally Liska, Director of the DPH Microbiology Labs and others made presentations and answered questions. The DPH message was simple: If you are sexually active you should get an HIV test every six months; if you are HIV positive good health care is available and we can help you get it. All individuals should know their risk and negotiate safety for themselves and their partners.

San Francisco Drug Court 10th Anniversary Celebration and Fundraiser.

On March 15th, the San Francisco Drug Court will commemorate a decade of service at the 10th Anniversary Celebration and Fundraiser to be held at the Delancey Street Foundation. Drug Court has become an important integrated effort between DPH and the criminal justice system and has proven effective in diverting substance abusers into community based treatment. This event is a celebration of the individuals who have contributed to the program's success over the past 10 years and an opportunity to look forward to the next decade. Gordon Park-Li, Chief Executive Officer of the San Francisco Superior Court, will be honored for his innovative vision and dedicated support of Drug Court. Proceeds will benefit the San Francisco Drug Court Scholarship Fund to assist Drug Court participants and alumni achieve their educational, vocational, and housing goals.

Commissioners' Comments

- Commissioner Illig asked if the Mayor's Office would add $1.7 million to the DPH general fund allocation to offset the Mayor's reversal of the admissions policy. Mr. Sass said the first step is to remove $1.7 million from base budget revenue projections, and then continue to work collaboratively with the Mayor's Budget Office on options to balance the Department's budget. Commissioner Illig asked that the AIDS Office provide the Budget Committee with a report about the specifics of the CARE allocation, what programs are going to be impacted and the Planning Council's priorities.

- Commissioner Monfredini asked if reduction in the CARE allocation is unexpected. Mr. Loyce replied that it is about what they anticipated.

- Commissioner Chow asked for an update on the "supervirus." Mr. Loyce replied that there is not enough scientific evidence to support whether or not this strain will have the same impact as the other virus. DPH surveillance staff is monitoring this issue closely.

- Commissioner Guy congratulated staff for the extraordinary amount of leadership and work that has gone into reprogramming the Behavioral Health Center.

5) PRESENTATION OF THE DEPARTMENT OF CHILDREN, YOUTH AND THEIR FAMILIES DRAFT COMMUNITY NEEDS ASSESSMENT

Margaret Brodkin, Executive Director, DCYF, presented the draft Community Needs Assessment.

She discussed the San Francisco's innovative programs: children's fund; universal health care for children, youth and young adults; wellness centers; local earned income tax credit; community response network; and improved well-being indicators. At the same time, families face threats and challenges, including an exodus of families with children out of the city, violence and racial disparity in terms of education, health status and other indicators. The Community Needs Assessment is a report on San Francisco's service delivery system for children, youth and their families, and a roadmap to how the City as a whole can work together to better address unmet needs and make San Francisco a more family-friendly city.

Recommendations:

- ➢ Service delivery systems must expand their scope, their network and their mission:
    - o That the San Francisco Unified School District and community agencies become better partners in meeting the needs of students.
    - o That business, government, financial institutions and community agencies join together to create more and better career preparation and job opportunities for youth.
    - o That the juvenile justice system be restructured to build stronger relationships with community agencies in operating its facilities, such as Log Cabin Ranch, and in reducing unnecessary incarceration.
    - o That recreation centers become true community centers, inviting neighborhood organizations and individuals in to collaborate as managers, services providers and decision-makers.
    - o That facing the #1 threat to child health, lack of physical activity and good nutrition, become a citywide campaign.

- ➢ City and community agencies each have a responsibility to work together to improve the quality, funding and management of services:
    - o That DPH, Juvenile Probation, and the Human Services Agency continue to develop stronger interagency case management systems for families involved in all three systems.
    - o That the major city agencies serving children and youth develop coordinated interagency contract monitoring, performance standards and evaluation systems.
    - o That public and private agencies collaborate to identify technical assistance needs and share opportunities for training, consolation and other strategies to improve skills. That peer-learning networks be developed in a variety of service delivery fields, such as youth development and family support.
    - o That a wide variety of funding strategies be undertaken to address the chronic financial shortfalls in providing needed services.

- Public and private agencies must increase the accessibility of their services through more effective outreach, addressing barriers to participation and adapting to new needs of their clients:

    - That the city use its broad service delivery network, its internet capacity, the small business community and the media to disseminate information to families about services that are available and benefits to which they are entitled.
    - That city agencies commit to work collectively to solve the long-standing challenge of safety transporting children and youth to the service and educational locations they desire.
    - That more neighborhood agencies develop the capacity to effectively serve children, youth and families from diverse cultures and ethnicities.
    - That the city agencies providing services to families develop comprehensive service hubs near the seven street corners where most troubled families reside.
    - That public and private sector service agencies modify their hours and locations to accommodate the real needs of families.

- City government must actively partner with community groups and individuals who are most affected by the city's policies and services. It must develop strategies that empower those groups and individuals to plan programs and participate in the policymaking process:

    - That all arms of government work to give youth a more active voice in the development of programs and policies that affect them.
    - That opportunities for community voices to guide the policymaking process be expanded, and that city departments continue to explore ways to facilitate this.

Commissioners' Comments

- Commissioner Chow said it would be helpful to identify specific initiatives that could be focused on and accomplished in the next year or two. He noted that even though San Francisco has a small number of children, it has a wealth of model programs. This is a significant accomplishment.

- Commissioner Illig asked how much of DCYF's budget is contracted out. Ms. Brodkin replied that the majority is contracted. Commissioner Illig asked if the Needs Assessment recommends carving out a percentage of Proposition 63 funds for children's services. Ms. Brodkin said yes.

- Commissioner Chow suggested that the report include more detailed data on the various Asian populations.

- Commissioner Monfredini would like the chance to review the entire needs assessment, rather than just the executive summary.

- Commissioner Guy said that DPH does work collaboratively with DCYF and other agencies, both programmatically and fiscally. The Health Commission is fully invested in the wellness centers, and if there is an effort to expand these into the middle schools, the Health Commission wants to be involved. Commissioner Guy pointed out that the Adolescent Health Coordinator is now at DCYF, and she is looking forward to this collaboration. She pointed out that the Health Commission has a youth health advisor to the CPS Joint Conference Committee. The major concern of the report of violence is a citywide issue and a public health issue, and DPH wants to continue to address this tragic problem collaboratively.

6) PUBLIC COMMENT/OTHER BUSINESS

- Alfonso Newton said the Mayor is bringing a lot of homeless addicts into the Post Hotel, and this has had a negative impact. They need more security in the building.

- Steve Rodriquez, speaking on behalf of the Post Hotel tenants, said the agreement with DPH is that the management would have 24-hour security. There is only security from 6:00 p.m. to 3:00 a.m. This is a problem. A lot of other provisions of the agreement have not been met.

- Sarah Norr, Central City SRO Collaborative, said the Post Hotel was an independent living environment for low-income people. There was no security, no on-site manager. Now there are a lot of people who are not capable of independent living, and this has negatively affected other tenants' quality of life. Housing the homeless is an important goal, but must take into account the needs of the long-term tenants. Either put resources into the hotel to make it supportive housing, or end the program. Commissioner Monfredini referred the three speakers to Marc Trotz, Director of DPH Housing and Urban Health.

7) ADJOURNMENT

The meeting was adjourned at 5:00 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be reflected in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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AGENDA

HEALTH COMMISSION MEETING

Tuesday, March 15, 2005
at
3:00 p.m.
LAGUNA HONDA HOSPITAL*
Gerald Simon Auditorium
375 Laguna Honda Blvd.
San Francisco, CA 94116

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PLEASE NOTE CHANGE IN MEETING LOCATION.

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. THE BUDGET COMMITTEE MEETING WILL BE HELD IN GERALD SIMON AUDITORIUM, LAGUNA HONDA HOSPITAL.

THE HEALTH COMMISSION WILL ACT ON THOSE CONSENT CALENDAR ITEMS THAT HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MARCH 1, 2005**
**Minutes of the meeting of March 1, 2005*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner James M. Illig)

(3.1) **BHS** – Request for site approval for relocation of New Leaf: Services For Our Community from 1853 Market Street to 1390 Market Street/103 Hayes Street.
** Contract summary*

(3.2) **BHS-Mental Health** – Request for approval of a retroactive renewal contract with NICOS Chinese Health Coalition, in the amount of $67,872, to provide mental health services, for the period of July 1, 2004 through June 30, 2005.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.3) **EMS-Emergency Operations Section** – Request for approval of a new contract with EMSystem, LLC, in the amount of $771,637, to provide patient tracking software and maintenance services, for the period of March 15, 2005 through May 30, 2008.
** Contract summary*

(3.4) **CHN-SFGH** – Request for approval to submit a resolution to the Board of Supervisors to accept a gift of funding valued at $138,766 from the Avon Foundation via the San Francisco General Foundation, for technical and logistical services associated with the Mobile Mammograph Facility donated to the City in 2004 by the University of California, San Francisco, for mobile mammography services to indigent and under-served women in San Francisco, and a contract modification with Shanti Project increasing the amount of the contract by $56,160, for a new total of $225,840, without affecting the original contract period of July 1, 2004 through June 30, 2006.
** Calendaring memo, Board of Supervisors Request memo, Memo to Clerk of the Board, Resolution*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **PRESENTATION OF THE EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF MARCH**
**List of Awardees*

6) **FOR DISCUSSION AND ACTION:** **PRESENTATION OF THE LAGUNA HONDA HOSPITAL 18-MONTH STRATEGIC PLAN, AND CONSIDERATION OF A RESOLUTION APPROVING THE STRATEGIC PLAN**
(John Kanaley, Laguna Honda Hospital Executive Administrator)
**Strategic Plan, Draft resolution*

7) **FOR DISCUSSION:** **LAGUNA HONDA HOSPITAL REPLACEMENT PROJECT UPDATE**
(Michael Lane, Replacement Project Project Manager)
**State and Federal Legislative Update*

8) **PUBLIC COMMENT/OTHER BUSINESS****

9) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Laguna Honda Hospital's Gerald Simon Auditorium is located on the first floor of the Main Building, from the main entrance to the left. Wheel chair assisted participants arriving by motor car should park in the large main parking lot east of the Hospital, using the East lot wheelchair entrance ramp to the Main Building. Upon entering the building, proceed straight ahead the entire length of the building to the west end of the 5th floor, where there is an elevator at the far end of an open air area. Take the elevator down to the first floor, where signs will direct you to Simon Auditorium. Muni metro subway, most motorbus lines and Forest Hill Station are wheelchair accessible, as are the Hospital buildings.

You are encouraged to utilize public transportation. The Forest Hill Muni Station is located across the street from the Hospital's entrance. The K, L and M streetcar lines stop at Forest Hill Station, and can be boarded at most BART/MUNI stations, including Civic Center Station, located on Market street, one block from Civic Center Garage, across from City Hall.

Motorbus lines #36 Teresita, #43 Masonic, #44 O'Shaughnessy and #52 Excelsior serve the Forest Hill Station. For information about MUNI services, call 673-6864.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, March 15, 2005
at
3:00 p.m.
LAGUNA HONDA HOSPITAL
Gerald Simon Auditorium
375 Laguna Honda Blvd.
San Francisco, CA 94116

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1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:10 p.m.

Present:	Commissioner Lee Ann Monfredini, President Commissioner Roma P. Guy, M.S.W., Vice President Commissioner Edward A. Chow, M.D. Commissioner James M. Illig Commissioner John I. Umekubo, M.D.
Absent:	Commissioner David J. Sanchez, Jr., Ph.D.

Commissioner Monfredini announced that the budget hearings on the proposed FY 2005-2006 Department of Public Health budget would be Tuesday, March 29, 2005, 3:00 p.m. and Thursday, April 7, 2005, 3:00 p.m. Both hearings will be held at 101 Grove Street, Room 300.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MARCH 1, 2005

Action Taken: The Commission (Chow, Guy, Monfredini, Illig, Umekubo) approved the minutes of the March 1, 2005 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Illig chaired, and Commissioner Chow attended, the Budget Committee meeting.

(3.1) **BHS** – Request for site approval for relocation of New Leaf: Services For Our Community from 1853 Market Street to 1390 Market Street/103 Hayes Street.

Commissioners' Comments

- Commissioner Illig requested that a site map be included with all site approval requests.

(3.2) **BHS-Mental Health** – Request for approval of a retroactive renewal contract with NICOS Chinese Health Coalition, in the amount of $67,872, to provide mental health services, for the period of July 1, 2004 through June 30, 2005.

Commissioner Chow abstained from voting on this item.

(3.3) **EMS-Emergency Operations Section** – Request for approval of a new contract with EMSystem, LLC, in the amount of $771,637, to provide patient tracking software and maintenance services, for the period of March 15, 2005 through May 30, 2008.

> *Secretary's Note – This item was removed from the agenda at the request of the Department.*

(3.4) **CHN-SFGH** – Request for approval to submit a resolution to the Board of Supervisors to accept a gift of funding valued at $138,766 from the Avon Foundation via the San Francisco General Foundation, for technical and logistical services associated with the Mobile Mammograph Facility donated to the City in 2004 by the University of California, San Francisco, for mobile mammography services to indigent and under-served women in San Francisco, and a contract modification with Shanti Project increasing the amount of the contract by $56,160, for a new total of $225,840, without affecting the original contract period of July 1, 2004 through June 30, 2006.

Commissioners' Comments

- Commissioner Chow asked how the funds that are not allocated to Shanti would be used. Roland Pickens replied that the remainder of the funding is for technician services.

> Action Taken: The Commission (Chow, Guy, Monfredini, Illig, Umekubo) approved the Consent Calendar of the Budget Committee. Commissioner Chow abstained from voting on Item 3.2. Item 3.3 was pulled from the agenda at the request of the Department.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, said the annual unannounced visit from State licensing is underway at Laguna Honda Hospital. The surveyors arrived on Sunday and are anticipated to leave on Thursday.

5) PRESENTATION OF THE EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF MARCH

Commissioner Chow presented the Employee Recognition Awards for the Month of March.

Individual Awardee	**Division**	**Nominated By**
David Woods, Pharm.D. Director of Pharmacy	Laguna Honda Hospital	Robert Christmas, LHH COO

Team Awardee	**Division**	**Nominated By**
Clarendon Hall Bridge Demolition Project Planning Team - James Johnson - Philippe Taquin - Diana Kenyon - Viktor Kirienko - David Woods - Steve Koneffklatt - William Frazier - Angela Platzer - Debbie Tam - Monica McGuire - Lilia Hendrix - Lolita Caceres - Pamela Ketzel - Maxwell Chikere - Arla Escontrias - Jimmy Matthews - Horace Smith - Alice Wong	Laguna Honda Hospital	Cheryl Austin, Robert Christmas, Gayling Gee Mivic Hirose Paul Isakson, M.D. Tim Skovrinsky, M.D. Serge Teplitsky

6) PRESENTATION OF THE LAGUNA HONDA HOSPITAL 18-MONTH STRATEGIC PLAN, AND CONSIDERATION OF A RESOLUTION APPROVING THE STRATEGIC PLAN

John Kanaley, Laguna Honda Hospital Executive Administrator, presented the Laguna Honda Hospital 18-Month Strategic Plan. The strategic plan includes mission and vision statements, goals, objectives and outcomes/indicators. The plan was developed through a number of executive staff retreats. Mr. Kanaley said the recent changes to the admissions policy, as well as concerns expressed at Supervisor Elsbernd's February 28th committee hearing, are reflected in the Strategic Plan.

Mission: As part of the Department of Public Health safety net, the mission of Laguna Honda Hospital is to provide high-quality, culturally competent rehabilitation and skilled nursing services to the diverse population of San Francisco. Skilled nursing service includes long-term care for residents who cannot be cared for in the community and/or short-term care for these who can be rehabilitated and discharged to a lower level of care within the community.

Vision: Laguna Honda Hospital will be a center of excellence in providing a continuum of care that integrates residents in the least restrictive setting, thereby supporting their highest level of independence.

Goals:

1. Clinical Programs – Continue to enhance preventive and therapeutic clinical programs.
2. Safety and Security – Develop and implement an enhanced Safety/Security program that will provide a safe/secure environment for residents, staff and visitors.
3. Finance – Maximize revenue for all programs and services.
4. Organizational Structure, Communication and Leadership – Develop a hospital-wide organizational structure for operations, leadership, communications and training.
5. Information Systems – Laguna Honda Hospital will participate in the design and implementation of a single DPH-wide clinical and financial information system and will upgrade the hospital infrastructure to support advanced technology.
6. Performance Improvement, Licensing and Regulatory Preparedness – Develop and implement the Laguna Honda Hospital Performance Improvement Plan.
7. Human Resources – Ensure adequate and culturally competent staff.
8. Laguna Honda Hospital Replacement Project – Develop a systematic approach to successfully operationalize the Replacement Project.
9. Operational structure of new hospital – Initiate the operational planning for moving into the new hospital.

Dr. Katz said that Laguna Honda Hospital is a very large tent with a lot of capable people who are capable of caring for the full range of San Franciscans who need long-term care.

Public Comment

- Howard Chabner said safety is the primary concern and dangerous patients cannot be admitted. He told a story of a middle-aged able-bodied woman who has been a danger to others. The dangerous admissions must stop.

- Patrick Monette-Shaw complimented John Kanaley for restoring long-term care to the mission statement. There are a number of flaws in the strategic plan. If behavioral health patients were more appropriately placed, the facility would not need more behavioral health programs or additional security. Further, the public needs to know if there are licensing changes.

- Dr. Brenda Austin asked the Commission to support access to Proposition 63 monies to fund new programs that support patients with mental health disorders. The psychosocial units have been very successful. Many resources have been lost, and the population is more complex. Programs help people transition to the community or adjust to a long-term care environment.

- David Bisho, President, West of Twin Peaks Central Council, said budget problems are no excuse to change the admissions policy. The Council demands that the frail elderly and disabled be the first priority. He submitted a copy of the 1999 admissions policy.

- Sonny Quiniquini said staff, patients and relatives were never consulted about the change in the admission policy. He disagrees with the change. Where did the change come from and who approved it?

- Benson Nadell, San Francisco Ombudsman, said because of the diversity of individuals being treated, goal seven should be modified to include adding staff to handle the increasingly complex and diverse patients. This is going to cost additional money, and this should be acknowledged.

- Sr. Miriam Walsh said the main issue is that they are not prepared, and do not want to be prepared, to serve people who are violent and have psychiatric issues.

Commissioners' Comments

- Commissioner Illig commended the management team for developing the strategic plan, modifying the mission statement to address community concerns and having a vision statement that emphasizes keeping people in the least restrictive setting.

- Commissioner Chow said the Laguna Honda Hospital Joint Conference Committee reviewed the strategic plan. It is extremely comprehensive and was developed in a short timeframe. It was a team effort.

- Commissioner Umekubo said there has been a change in long-term care that has resulted in more and more pressure on long-term care institutions. Nursing homes are being forced by acute care hospitals to do sub-acute care. In addition, the population is changing. The strategic plan is a good guide.

- Commissioner Guy applauded senior staff and front line staff for navigating Laguna Honda into the future. This is a struggle, and communication is critical. She is pleased that the vision statement includes the hospital being a center of excellence and she wholeheartedly supports and will advocate for staff resources and whatever else is required to meet this vision.

- Commissioner Monfredini congratulated Mr. Kanaley on the strategic plan. It is a living, working document. She asked for monthly reviews at the Joint Conference Committee of goals and objectives to make sure we are still on target.

Action Taken: The Commission (Chow, Guy, Monfredini, Illig, Umekubo) approved Resolution 04-05, "Approving the Update of the Laguna Honda Hospital Strategic Plan," (Attachment A).

7) LAGUNA HONDA HOSPITAL REPLACEMENT PROJECT UPDATE

Michael Lane, Project Manager, LHH Replacement Project, presented an update on the replacement project.

- Design began in 2000. Construction work that was bid in 2002 had come in on budget. In April 2003, the entire Replacement Program was on budget.
- Cost per bed in April 2003 was $335,000.
- Escalation in healthcare construction in the last 12-18 months is in the range of 2-3% per month.

- The project had budgeted 3.8% per year based on historical averages and pre-2003 market conditions.
- First round of bids for the South, Link and East buildings was in October 2004.
- April 2003 to October 2004 is 18 months, which represents escalation in the range of 24-36%.
- Re-bidding and soliciting contractor-proposed value engineering proposals between November 2004 and March 2005 saved over $5.5 M.
- The bids for these buildings are $84.5M over budget.
- These first three building contain 780 beds.
- Cost per bed for these 780 beds is $521,000.
- The following elements of the program have not been bid:
    - ➢ Remodel of the Existing Building
    - ➢ Site Work, and existing building demolition.
    - ➢ West Building (420) Beds
- Recommendation from the team is to proceed with the South and Link Buildings at full scope.
- Replacement Team will provide an updated cost on unbid work (listed above) taking the current market into consideration.
- Replacement Team to work with the Controller's Office to develop options for moving forward.

Public Comment

- Ed Kinchley, SEIU, representing the three locals that represent workers at Laguna Honda, said that it makes sense to continue with the construction and asked the Commission to make a clear commitment to working with the Mayor and labor to find the money to build 1200 beds. If we delay longer, the costs will increase even more.

- Alicia Gershon, Protection and Advocacy, said a number of people could leave Laguna Honda today if adequate community resources were available. She urged the Health Commission to let the Targeted Case Management Team complete its needs assessment. She would support the current resolution as long as it factored in an adequate assessment for the need for different types of services.

- Jessie Lorenz, Independent Living Resource Center, said the discussion needs to be about the current patients at Laguna Honda who do not want to be there, and serving people in the future who want to remain in the community.

- Virginia Leishman believes in independent living, but long-term care is necessary. How many beds are we talking about? She voted for 1200 beds. San Francisco lost a resource with the MHRF, and when she voted for that, she expected it to remain, not be changed.

- Patrick Monette-Shaw said there are inconsistencies in the rebuild report in terms of comparisons with other hospitals, cost overrun estimates and others. He said the Commission should wait until the City Attorney determines whether or not tobacco funds could be used before making a decision.

- Michael Lyon, Gray Panthers, said it is obvious that the City's commitment to providing health care is in question. We need to look at a different way.

- Oletha Hunt said she is a 19-year employee at Laguna Honda. What is the point of voting if this is how it is going to be? The City needs Laguna Honda, and the Commission needs to work with labor to find the money for 1200 beds. If we mess this up, voters will not support rebuilding SFGH.

- Kim Tavaglione, SEIU 250, said in the past when labor, community and the City worked together on problems, there has been success. What is missing in the most recent discussions is a holistic approach to providing healthcare in San Francisco. There is room for everyone.

- Sunny Quiniquini asked how much the current cost overrun is. There should be no modification to the plan without voters' permission. The voters have lost trust.

- Tom McDonough said people voted for 1200 beds and there should be no cost overruns.

Commissioners' Comments

- Commissioner Monfredini asked if there was a point when the Health Commission should have revisited the project budget in terms of cost escalation assumptions. Mr. Lane said it seemed prudent to wait until the bids came in before presenting to the Health Commission. Unfortunately the price is not out of line with what the market is charging. Commissioner Monfredini noted that no general obligations bonds have been used for the project up to this point.

- Commissioner Chow clarified that the $84 million is the overrun for the three buildings that were put out to bid. He asked for confirmation that the work up to this time has been within budget. Mr. Lane said yes. Commissioner Chow asked if we know the cost estimate for the full build out. Mr. Lane said not at this time. Commissioner Chow asked Mr. Lane what the average cost of an acute hospital bed is. Mr. Lane replied that Turner Construction estimates $1.1 million - $1.3 million per bed. Commissioner Chow confirmed that Mr. Lane's recommendation builds the infrastructure that is necessary for the full build out. Mr. Lane said yes, this is the case. Mr. Lane added that one reason he is not recommending proceeding with the East Building is that, although there is the budget for 180 beds, once this decision is make it cannot be changed.

- Commissioner Illig asked how much the hospital could get reimbursed through SB 1128. Dr. Katz explained that this legislation allows DPH to bill the federal government for partial costs of new construction, but at the time patients are being served. So this funding cannot be accessed until the new facility is occupied. Commissioner Illig asked if all beds are at the same level. Mr. Lane said that some beds are acute, but in terms of footprint, all the buildings are quite similar.

- Commissioner Umekubo said everyone is disappointed about the cost overruns. The project seems to be a victim of bad timing. Hopefully the Department and City can be creative and find the funding.

- Commissioner Guy, in preparation for when the Health Commission does take action, said it would be helpful to update the Laguna Honda Hospital white paper to carefully look at the choices and examine the consequences. This would help the public, staff and decision makers understand all the factors. Dr. Katz agreed with this suggestion and said this would mesh nicely with what the Controller's Office is doing, which is developing finance options.

- Commissioner Monfredini said it is important that all options be explored before deciding the most appropriate way to proceed with the rebuild. The Health Commission asks that Dr. Katz prepare a white paper on the various option and present it to the Health Commission within a 60-day timeframe. Among the options, she asked that the following be analyzed: Is it economically feasible to stay in business, in terms of operating costs versus reimbursement, with the number of beds in the current proposal; can we justify the number of beds in the current proposal given the cost per bed; is it financially viable for the Department of Public Health to stay in the long-term care business; what is the feasibility of partnership with private or non-profit organization to develop on the Laguna Honda campus an independent/assisted living facility, with a smaller SNF on the campus.

- Commissioner Chow requested that demographics of the population we are trying to serve be part of the white paper, and also an analysis of whether there is a mix of services that are not needed. Commissioner Chow said that Mr. Lane's recommendation to proceed with the two buildings does not preclude any future configuration, so the Commission should agree that the can proceed.

- Commissioner Illig recommended that the Health Commission take action to allow the project to continue, given that circumstances have changed. The draft resolution will be scheduled for the March 29, 2005 Health Commission meeting.

8) PUBLIC COMMENT/OTHER BUSINESS

- Alex Kudren said the voters should have been asked if long-term care should have been removed from the mission statement. He commended the Mayor, Dr. Katz and the Commission for restoring it.

- Patrick Monette-Shaw said it is premature to issue a final resolution unless they know what the options are. Further, the white paper cannot be revisited.

- Michael Lyon would like to know what has been done to lower the expected number of SNF patients per 1,000 people. It is really naïve to expect that the white paper will contain unbiased information.

9) ADJOURNMENT

The meeting was adjourned at 5:50 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

Attachments: (1)

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be reflected in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

Health Commission
City and County of San Francisco
Resolution No. 04-05

Approving the Update of the Laguna Honda Hospital 18-Month Strategic Plan

WHEREAS, in November, 2004, the San Francisco Health Commission adopted the Department of Public Health's 2004 Strategic Plan; and

WHEREAS, the Laguna Honda Hospital Executive Staff conducted a series of Retreats to develop strategic direction for the Hospital for the 18-month period of January 2005 through June 2006; and

WHEREAS, input was provided to each member of the Executive Staff from the 2004 DPH Strategic Plan, the 2004 LHH Strategic Plan, each of the Health Commissioners, and the Director of Health; and

WHEREAS, the purpose of the Hospital's strategic planning effort has been to: 1) Identify and confirm the Hospital's Mission, Vision, and goal priorities for the next 18 months, 2) respond to Laguna Honda Hospital's changing operational, infrastructural and health delivery needs, 3) develop the foundation of a 3-year plan in anticipation of moving into the new hospital building, 4) identify the priorities the Hospital should target for its resources; and

WHEREAS, strategic planning recognizes that the Hospital must prioritize services in order to provide care and services within its budgeted allocation recognizing current fiscal realities but not being driven by them; and

WHEREAS, the strategic planning initiative is aware that the Hospital must adhere to Federal and State regulatory and statutory requirements for licensing and funding; and

WHEREAS, each goal consists of objectives, and each objective consists of strategies wherein meeting strategies fulfills objectives, meeting objectives fulfills goals, and meeting goals fulfills the Hospital's mission and vision; now, therefore, be it

RESOLVED, that the Health Commission adopts Laguna Honda Hospital's updated Strategic Plan, including its goals and objectives; and be it

FURTHER RESOLVED, that the Health Commission directs the Hospital to use the updated Strategic Plan in the development of the Hospital's FY 2005-06 budget proposal; and be it

FURTHER RESOLVED, that the Hospital shall monitor and evaluate the outcomes and indicators of each strategy, objective, and goal and report periodically to the Laguna Honda Hospital Joint Conference Committee of the Health Commission.

Health Commission
City and County of San Francisco
Resolution No. 04-05
(continued)

I hereby certify that the foregoing resolution was approved by the Health Commission at its March 15, 2005 meeting.

Michele M. Sea

Michele M. Seaton
Executive Secretary to the Health Commission

Lee Ann Monfredini
President

Roma P. Guy, M.S.W
Vice President

Edward A. Chow, M.D.
Commissioner

James M. Illig
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. (415) 554-2666
Fax (415) 554-2665

Web Site: http://www.dph.sf.ca.us

AGENDA

SPECIAL HEALTH COMMISSION MEETING

Tuesday, March 29, 2005
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

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1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MARCH 15, 2005**
**Minutes of the meeting of March 15, 2005*

3) **FOR ACTION:** **CONSIDERATION OF A RESOLUTION CONCURRING WITH THE DEPARTMENT OF PUBLIC WORK'S RECOMMENDATION TO PROCEED WITH THE NEXT PHASE OF THE LAGUNA HONDA HOSPITAL REPLACEMENT PROJECT**
(Michael Lane, Project Manager, Laguna Honda Hospital Replacement Project)
**Draft Resolution*

4) **FOR DISCUSSION:** **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH'S FY 2005-2006 BUDGET**
(Mitchell H. Katz, M.D., Director of Health)
**Proposed Budget*

5) **PUBLIC COMMENT/OTHER BUSINESS****

6) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.html**

Lee Ann Monfredini
President

Roma P. Guy, M.S.W
Vice President

Edward A. Chow, M.D.
Commissioner

James M. Illig
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HEALTH COMMISSION

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MINUTES

SPECIAL HEALTH COMMISSION MEETING

Tuesday, March 29, 2005
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

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1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:10 p.m.

Present: Commissioner Lee Ann Monfredini, President
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner James M. Illig
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Edward A. Chow, M.D.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MARCH 15, 2005

Action Taken: The Commission (Guy, Monfredini, Illig, Sanchez, Umekubo) approved the minutes of the March 15, 2005 Health Commission meeting.

3) CONSIDERATION OF A RESOLUTION CONCURRING WITH THE DEPARTMENT OF PUBLIC WORK'S RECOMMENDATION TO PROCEED WITH THE NEXT PHASE OF THE LAGUNA HONDA HOSPITAL REPLACEMENT PROJECT

Michael Lane, Project Manager, Laguna Honda Hospital Replacement Project, presented a resolution allowing the Department of Public Works to proceed with construction of the South and

Link buildings with no scope reduction and within budget. This resolution will also allow time to identify additional funding for future construction of the East and West buildings.

Public Comment

- Michael Lyon asked should the city be in long-term care business? Contract it? Should the City be in the health care delivery business? We will not accept cuts in the rebuild or reduction of health services.

- Patrick Monette-Shaw, there are enough funds to build five of seven floors. There is $5 million more per year in tobacco settlement than expected, which is an extra $15 million over three years. Start construction now. Postpone the resolution until the Controller's report is complete.

Action Taken: The Commission (Guy, Monfredini, Illig, Sanchez, Umekubo) approved Resolution 05-05, "Concurring with the Recommendation to Proceed with Construction at Laguna Honda Hospital and Requesting that the Department of Public Health Bring Forward Options for the Completion of the Facility as Soon as Possible," (Attachment A).

4) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH'S FY 2005-2006 BUDGET

Mitchell H. Katz, M.D., Director of Health, presented the proposed Health Department Budget for Fiscal Year 2005-2006. Following the January 18, 2005 budget presentation, the department made various additions and revisions to regulatory issues, inflationary increases, structural issue, revenue neutral initiatives and revenue projections. New regulatory issues include reinstatement of the second phase of nurse ratio law and increased staffing at Laguna Honda as required by the State Department of Health Services. Inflationary changes include updating work orders, requesting alternate funding for Direct Access to Housing rent and others. Changes to structural issues include salary savings at MCH, interpreters' grievance settlement, psych nurse staffing, UCSF radiology contract and Laguna Honda Hospital security, among others.

Total regulatory, inflationary, structural, revenue neutral and revenue changes total $27.7 million in increased costs over last year's budget. The Mayor's Office gave the Department an additional $13 million, so the Department must cut $14.6 million.

Dr. Katz said no dollars are currently budgeted to pay COLAs to contractors. The Mayor wants to deal with this as a citywide issue.

In FY 2004-2005 the department's budget was balanced with minimal services cuts. There were $20.44 million in cuts, 88 percent of which were administrative. At mid-year staff was unable to identify significant additional administrative reductions, so services were reduced. In this budget, Dr. Katz is proposing some reductions to administration but the majority of cuts are to service.

In developing the proposed budget, staff used four guiding principles from the Strategic Plan:

1. Expand community based alternatives – Decrease need for institutional care.
2. Target populations receiving services – focus resources to those most in need and who lack options.
3. Strengthen and promote prevention.

4. Use data to reorganize, re-prioritize, reduce or eliminate services.

Base Budget

1. Expand Community Based Alternatives –
    - Antibiotic infusion and therapy services – revenue neutral
    - State hospital bed conversion
    - **Total savings $101,028**

2. Target Populations - Focus Services on those Most in Need –
    - Administrative cuts
    - Closure of Workers Comp. Clinic
    - Operating Staff Reductions (LHH)
    - Reductions in contracted services, material and supplies (LHH)
    - Jail Health Services operating reductions
    - Consolidate client services reimbursement
    - Eliminate work re-entry and employment program
    - Reduction of UCSF contract for nurse practitioners (LHH)
    - Reduction of funding for Sheriff's Dept. Post Release Education Program
    - Reduction of funding for Sheriff's Dept. Roads to Recovery Program
    - **Total savings $3,202,322**

3. Strengthen and Promote Prevention: No Cuts

4. Use Data to Reorganize, Reprioritize, Reduce, or Eliminate Services –
    - CBHS – Substance Abuse
        - Cuts to acupuncture
        - Cuts to outpatient Substance Abuse services – rebid Substance Abuse adult outpatient services, create 125 new methadone maintenance slots
        - Decrease in residential substance abuse treatment (rebid and shift to supportive housing)
        - **Total Substance Abuse Services savings $2,992,597**

    - CBHS – Mental Health
        - Reduce funding to underutilized contracts
        - Convert residential treatment programs to supportive housing
        - **Total Mental Health savings $1,254,514**

    - Housing
        - SRO Collaboration Contract Reduction (there is a high probability of continuing funding for SRO Collaboratives through another department.)
        - **Total Housing $658,333**

    - HIV/AIDS
        - Cut peer advocacy/treatment advocacy services/management services practical support (AIDS)
        - **Total HIV/AIDS savings of $996,272**

- Pharmacy
  - Institute copay for all persons without GA
  - **Total Pharmacy savings $1,521,500**

Contingency Plan

DPH has been asked to propose $10 million in contingency plan reductions. The contingency plan consists of $9.5 million in cuts: UCSF Crisis Resolution Team; dialysis unit; rebid outpatient substance abuse treatment for special populations; rebid adult outpatient substance abuse services; convert mental health residential treatment to supportive housing; delete PHN Chronic care service and skilled home care services; decrease HIV prevention services; an across-the-board reduction of outpatient mental health services. Dr. Katz presented two options for reaching the contingency budget target.

Option 1: Close a health center and sell a building - $2 million savings.

Option 2: Operate all health centers at 80% - $2.667 million savings.

Initial BOS presentation March 31. Second Health Commission meeting April 7.

It should be noted that the proposed budget is posted on the DPH website at www.dph.sf.ca.us/budget/

Public Comment

- Valerie Ng, M.D., concerned about patients at SFGH. Make it budget priority. Underfunding of UCSF contact must stop. Affiliation agreement cannot be viewed separately from SFGH budget.

- Ted Miclau, M.D., SFGH is losing orthopedic surgeons because not paying enough. Trauma is in jeopardy at SFGH because cannot fill positions. Currently only four of six positions filled. Seeing 85 to 100 patients per hour. 12- to 16-month wait for new patient appointment.

- Allan Gelb, M.D., said the SFGH ED is the focus of these cuts. When patients cannot be seen or treated elsewhere, they come to the emergency department. There are not enough physicians to staff the ED and doctors are forced to make life and death decisions. They are at risk of losing accreditation. Dr. Gelb submitted a fact sheet on the SFGH/UCSF Partnership, which is on file in the Health Commission office.

- Dr. Hal Yee said there is chronic understaffing at SFGH, yet staff continues to provide compassionate care. We are rationing care. Have reached a crisis. The next GI clinic appointment is 18 months away. The next liver clinic appointment is 11 months and the next sigmoidoscopy appointment is 16 months away

- Dr. Shelly Marder is leaving SFGH this June. Radiology is key to many of the functions of other departments, and it is under-resourced. It is no longer viable to continue working at SFGH. No longer possible to function in this setting. Not because we do not care.

- Dr. Talmadge King wants the Commission to know the reality of SFGH. SFGH can no longer provide quality care. UCSF has always been a partner with SFGH. Affiliation agreement needs to be fully funded. Any more reductions mean that other people will choose to leave.

- Arthur Bosse, National Council on Alcoholism. He is grateful for past support. AA and 12-step programs are useful for some people, but not as effective as integrated model.

- Jeanna Eichenbaum, Walden House Transgender project. Housing and AA are not sufficient for the transgender population. Comprehensive services are impossible to replicate in other settings.

- Ahmad Sloan is a client from Walden House. Theory that there is no dual diagnosis. Without these programs they will not get the services they need to recover.

- Dr. Louise Foo, Jackson Street Residential Program. The program has been cut from a 25-bed to a 16-bed facility. Need services for monolingual clients. Difficult to live with mental illness, but even harder when people cannot speak the language. Stress of immigration and cultural issues. Not all well enough to live in supportive housing.

- Richard Heasley, Conard House, spoke against the budget proposal. $13 million in additional funds is only a down payment. Need to fund the additional $14.7 million. He urged the Commission to reject the budget and request additional funding. He is against residential treatment conversion to supportive housing. Residential treatment and supportive housing are not the same services and both are needed.

- Jonathan Vernick, Baker Places. Hard to respond in two minutes to elimination of eight programs. In closing residential treatment, where will people go? Don't assume they will go to supportive housing. Continually avoid cuts to institutional care at the expense of community care.

- Steve Fields, Progress Foundation. Opposed to eliminating the entire modality of treatment based on one article. Need to look at local data. This will result in a backup of acute, unpaid inpatient days. With Proposition 63, it is unwise to go ahead with a competitive proposal when cutting services.

- Larry Nelson, Walden House. Last year 814 graduates of Walden program got into jobs and independent homes. They have built a continuum of care based on the whole person, not just their substance abuse. Can't treat the whole person with supportive housing. Ask the Mayor for the money before we tear apart the system.

- Christy Nair, Sage client and former prostitute, speaking for the sexually exploited. Acupuncture treatment really works. It helps with the physical pain of knee surgery and is better than addictive pain pills.

- Harry Lloyd, Sage outpatient. Without help from all of these agencies, he would not be here today. Sage is a wonderful program. Working to be drug and alcohol counselor.

- Tom McCaffrey, Sage staff. He is new to Sage and impressed with infrastructure. It is created and staffed by consumers, and financially well run. It is important to support unique programs.

- Michael Wright, Walden Client. Excellent program. Without the Tenderloin drop-in center and other programs, he wouldn't be standing here, but be in jail without these programs. Need more money in substance abuse services.

- Shelli Rawlings Fein said to continue harm reduction as a priority. Abstinence is safest way, but harm reduction allows providers to intervene. Cannot engage people with abstinence if it is not their goals. Residential treatment needed in addition to supportive housing.

- Norma Hotaling, SAGE, said she is here as a client in recovery. Was chronically homeless, was a high utilizer of services at SFGH. They have developed a highly successful program for sex workers. Partnered to create program and replicated across U.S.

- Francine Braae, Sage staff. Clients have been self-medicating for most of their lives. She has witnessed many miracles take place, including herself. Success rate of 53% last year. Now contributing members to society.

- Consuelo Bradford, Sage staff. Need to increase funding, not cut it. Celebrating 10 years drug free. She stands as a role model to clients. Sage is one solution to substance abuse problem.

- Cathy Lemons, Sage staff. She left the criminal justice system in 1988 as prostitute and heroin addict with no place to go. Now people have Sage, which treats the whole person. She wants to keep the doors open. It is a peer-run model and is being replicated in seven places across the country.

- Billie Jean Kanios, Walden staff, said NA is a self-help program, not treatment. Programs give individualized care. With this budget San Francisco will have higher incidence of HIV, more substance abuse.

- John Terry, Walden client, he was just released from prison after seven years. Since being in Walden, he has not been in SFGH.

- David Sterling, Walden client, said Walden is a good program. Taught him to be a good son to his mother and a good father. Helped him to be a good person. Walden saved his life.

- Marlene Cheatham, Glide Recovery services in conjunction with Haight Asbury Free Clinics, and as consumer. Did anyone call AA to see how they feel about being written into a county budget as a treatment modality? AA is self-help, not a treatment program. No professional staffing.

- Eve Meyer, SF Suicide Prevention, said people are being asked to believe that the only way to meet cuts is to have CBHS take the brunt of them. She believes not. Do the cuts take into account the prior cuts? She believes not. Preserve the behavioral health model.

- Patrick Monette-Shaw, LHH, asked why $32 million is in the budget for retirement. All retirement is paid by employees. He spoke against a number of budget initiatives. He asked that the $1.7 million revenue loss from the flow project be reexamined. The Commission needs to reject this budget. The City needs to fund public health care.

- Sarah Jewel, M.D., SFGH Occupational Health, regarding the proposed closure of the Worker's Comp. clinic. Care could be contracted, but clinic provides much more including high quality care and cost effective care. Strong prevention basis to practice. The staff promotes early and safe return to work, which would be lost if the program were contracted out.

- Sonny Quiniquini, LHH employee, said Laguna Honda is being cited for a mistake and is asking for more money to take care of challenging behaviors from mental illness. Change in admission policy took place for a year. It should stop.

- Jorin Bukosky, Progress Foundation, is currently at Clay House, which is not on the cut list, but he has worked at programs slated for cuts. It is difficult to get clients ready for supportive housing. Without that time, clients won't do well and will end up back on the streets.

- Mark Stanford, SEIU, said this budget basically wipes out services that we already have and jeopardizes new Prop. 63 funding. The individuals in residential treatment are not ready to be put into supportive housing.

- Jennifer Baity Carlin, SEIU member and MHRF staff, said to rethink cuts to residential treatment for mental health and substance abuse. Need a long-term model. She submitted a written copy of her testimony, which is on file in the Health Commission office.

- Janet Goy, CATS, has extensive experience with both residential treatment and supportive housing. Emphasis on supportive housing and peer-based treatment is effective for some, but not for all. For those most addicted, they would not get better. Some clients need open, supportive, and intensive services. Need the continuum of care. Proposal flies in the face of integration.

- Perry Zinnanti, Redwood Center: Where do we send people who need to go to residential treatment? Most clients come from the hotels where they do not make it. They need immediate behavioral changes. SROs are good for some, but not for all. Not clinically sound.

- Chuck Deutschman, Walden House said the statement that there were no cuts to substance abuse is not true. Last year, Walden lost funding and beds. He opposes these cuts. The cuts do not follow the strategic plan, and prevention being cut substantially.

- Mark Molner, Shanti, said the proposed HIV/AIDS cuts do substantial harm to special populations and people of color. These services help connect people to other services. If not funded, people go to the emergency department.

- Barbara Farrell, TOD Planning Council, said they have cut the number of deaths through treatment on demand. Clients who are housed and receive treatment do best. AA/NA are important adjuncts to treatment but do not replace treatment.

- Virgina Grant said she was addicted to crack and became a prostitute. Haight Ashbury residential treatment turned her life around. She is now a counselor at the program that changed her life. Do not cut residential treatment.

- Armando Martinez said do not cut acupuncture services at BVHP. This helped him not use drugs. Not a quick fix.

- John Carter, BVHP client. Acupuncture is a tool that use for recovery. It is located in BVHP, which is an area in need of services. Please do not cut these services.

- Mark Misrok, Positive Resource Center, fails to understand how the Commission can make an informed decision. People that are coming to him for treatment no longer need to lean on services. They become productive members of society. Cuts to treatment are not savings.

- Randy Allgaier, HIV Health Services Planning Council, said there was 5.2% cut in Ryan White funding, and San Francisco might be looking at a 21% cut in formula award. Treatment advocacy and peer advocacy are included as core services in centers of excellence.

- Lawrence Thibodeaux, Haight Asbury Western Addition, struggled with addiction for 40 years. He completed the Walden House program and was hired by Haight Ashbury and is living a productive life. These cuts will mean we lose the war on drugs.

- Karen Patterson Matthew, Bayview Hunters Point Foundation for Community for Improvement, said these are service reductions to basic health and human services. She is aware of the deficit but need to maintain basic required services. Serve primarily persons of color in a community of high need. Cuts would mean closing of three programs. There are no proposed reductions to the institutions, which we try to keep our clients out of. Reject this budget.

- Yuwen Liao, Bayview Hunters Point Foundation for Community Improvement, said she saw five patients between 7 am and 9 am. One client was injecting heroin without the knowledge of his wife or children and was ill from heroin withdrawal. Sees people everyday whose lives are torn apart by heroin. Reconsider cuts to outpatient substance abuse.

- Ben Eiland, Haight Ashbury Free Clinic, said every dollar the City gives them saves seven. The program keeps people compliant with diabetes management, psychotropic drugs, etc. The cost to SFGH will go up. Plus the cost of unemployment.

- Kim Tavaglione, SEIU, said California gets a lower return in federal funds than other states. How can we work together to improve that? More prisons built in California in last 20 years than schools.

- Larry Bevan, SEIU, said cuts might save money on the front end, but costs more on the back end. Supportive hotels work for some, but not for all. Budget will show its consequences in future years.

- Michael Lyon, Gray Panthers, said he couldn't imagine what it's like to wait 16 months for colonoscopy. All speakers have questioned the wisdom of cutting lower levels of services, which would result in people needing higher, more expensive levels of services.

- Ed Warshauer, SEIU 790, is growing weary of choices people are being forced to make. What's more important: Chronic care nurses, colonoscopy, the elderly, substance abusers? Not good choices. The department can find improvements in continuum of care and administrative savings through better billing. Must unite to save public health. As important as police, fire. Need to go to the voters.

The following people submitted written testimony, which is on file in the Health Commission Office:

- Brett Allen, supporting the STOP program.
- Ron Castner, Walden House, regarding the need for structural treatment.
- Margaret Blackman, supporting the Center for Recovery in the Western Addition
- Tiffany Moore, supporting Haight Ashbury Free Clinic.

Commissioner' Comments

- Commissioner Illig said he began his service on the Commission during budget hearings last year. Last year he went ahead and voted for the budget and believed the Mayor would reinstate the cuts. He is furious about the proposed cuts, which are in violation of the Strategic Plan. Two decisions led us to this point: the voters' decision not to pass Propositions J and K, and the previous Mayor's MOUs with labor unions that are now costing $32 million in guaranteed benefits and increases. The emphasis is on staff and not clients. If staff gave up one day per month of pay, it would more than make up for these cuts. He encouraged the Mayor to negotiate with labor to renegotiate contracts. Further, when the Commission is faced with major public policy decisions, such as changing the entire residential treatment sector, the Commission needs to have public policy discussions, with both sides presenting information.

- Commissioner Sanchez said there is a continuous dismantling of our world-class public health system that is based on training, collaboration and measured outcomes. Institutions are taking hit after hit. He reminded the Commission that MLK hospital in Los Angeles was developed after the Watts riots, and today is in deep trouble because of continued cuts and takeaways. He is seeing that happen here as well. It is getting harder and harder to retain and recruit faculty. What can we do as a Commission? We have a true crisis in public health, and need to find funding immediately to save services. He is frustrated along with his colleagues. The level of care provided at SFGH has always impressed him, and we are going to lose that.

- Commissioner Umekubo is frustrated with this after three years. This illustrates the underfunding of the public health system. Little by little it is being dismantled. We need to be more proactive. There are always inflationary and structural issues and the need to replace equipment and capital. These things will never change. Everyone needs to be proactive and look for more funding.

- Commissioner Guy supports her colleagues. The question is how does the Commission strategically address what it is faced with. The system started breaking three years ago with $20 million cuts in general funds combined with federal cuts. There have been cuts to the entire public sector. All of these cuts have health impacts. The Commission needs more than 10 days to consider this. She wants the resolution to say this is unacceptable. There needs to be further discussion about cuts in modalities. She reminded everyone that the advocacy is not over when the budget is submitted to the Mayor's Office, and as appointees commissioners need to advocate with the Mayor and Supervisors.

- Commissioner Monfredini said she was speaking with the Mayor when a man came up and told the Mayor that San Francisco needs 120 more police on streets, and the Mayor could get the money by taking it from the health centers. This illustrates that everyone is looking to everyone else to save their budgets. She disagrees with Commissioner Illig about the MOUs with City workers. City workers have given back over the years, and unfortunately need more from workers this year. The Commission has a lot of work to do over the next ten days.

5) PUBLIC COMMENT/OTHER BUSINESS

None.

6) ADJOURNMENT

The meeting was adjourned at 6:20 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

Attachments: (1)

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be reflected in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

James M. Illig
Commissioner

David J. Sánchez, Jr., Ph.D.
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John I. Umekubo, M.D.
Commissioner

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.sfdph.org
e-mail: health.commission.dph@sfdph.or

≡ Agenda
≡ Cancelled

RESCHEDULE NOTICE

FOR

SAN FRANCISCO HEALTH COMMISSION

5/05
ncelled

The San Francisco Health Commission meeting scheduled for Tuesday, April 5, 2005 has been rescheduled to Thursday, April 7, 2005, 3:00 p.m.

An agenda will follow.

For information please call the Commission Office at 554-2666.

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(Posted March 18, 2005)

Lee Ann Monfredini
President

Roma P. Guy, M.S.W
Vice President

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Commissioner

James M. Illig
Commissioner

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AGENDA

SPECIAL HEALTH COMMISSION MEETING

DOCUMENTS DEPT.
APR - 5 2005
SAN FRANCISCO
PUBLIC LIBRARY

Thursday, April 7, 2005*
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

***PLEASE NOTE THE RESCHEDULED MEETING DATE.**

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. AT 101 GROVE.

THE HEALTH COMMISSION WILL ACT ON THOSE CONSENT CALENDAR ITEMS THAT HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MARCH 29, 2005**
**Minutes of the meeting of March 29, 2005*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner James M. Illig)

(3.1) **PHP-Occupational & Environmental Health, Childhood Lead Prevention Program** – Request for approval to accept and expend a grant from the State Department of Health Services, in the amount of $52,550, to develop and implement a local infrastructure and framework for a successful lead hazard reduction, compliance and enforcement program, for the period of July 1, 2005 to June 30, 2006.
** Calendaring memo, Budget page, Grant information form*

(3.2) **EMS-Emergency Operations Section** – Request for approval of a new contract with EMSystem, LLC, in the amount of $914,465, to provide patient/hospital/disaster service worker tracking software, hardware and maintenance services, for the period of April 15, 2005 through May 30, 2008.
** Contract summary*

(3.3) **BHS-Mental Health** – Request for approval of a retroactive contract with the University of California, San Francisco-Child Services Research Group, in the amount of $385,099, to provide program evaluation services for the Children's System of Care, for the period of September 30, 2004 through September 29, 2005.
** Contract summary, Monitoring report memo and summary, Demographic information form*

(3.4) **BHS-Mental Health** –Request for approval of modifications to two contracts for the Family Mosaic Project, to provide wrap-around services targeting seriously emotionally disturbed children: 1) Brainstorm Tutoring, in the amount of $40,000, for a total contract amount of $80,000 for the period of July 1, 2004 through June 30, 2005, and 2) Victor Treatment Center, in the amount of $75,000, for a total contract amount of $509,350 for the period of July 1, 2004 through June 30, 2005.
** Contract summary, Client demographic information forms*

(3.5) **CHN-Laguna Honda Hospital/Nursing** – Request for approval of a contract modification with Nurse Providers, Inc., to increase the contract amount by $100,000, from $245,000 to $345,000, to provide supplemental, temporary per diem nursing personnel services for Laguna Honda Hospital, for the period of July 1, 2004 through June 30, 2005.
** Contract summary*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **FOR ACTION:** **CONSIDERATION OF A RESOLUTION HONORING PUBLIC HEALTH WEEK, "EMPOWERING AMERICANS TO LIVE STRONGER, LONGER!"**
(Michael L. Radetsky, MPH, Injury Prevention, Community Health Education Section)
Draft Resolution

6) **FOR ACTION:** **APPROVAL OF FY 2005-2006 PATIENT RATES**
(Gregg Sass, DPH Chief Financial Officer)
**Patient Rates*

7) **FOR ACTION:** **CONSIDERATION OF A RESOLUTION APPROVING THE SUBMISSION OF THE FY 2005-2006 DPH BUDGET**
(Mitchell H. Katz, M.D., Director of Health)
**Draft Resolution*

8) **PUBLIC COMMENT/OTHER BUSINESS****

9) CLOSED SESSION

A) Public Comments on All Matters Pertaining to the Closed Session

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

APPROVAL OF A SETTLEMENT IN THE AMOUNT OF $200,000 IN ENCISCO v. CCSF, ET AL, SAN FRANCISCO SUPERIOR COURT, No. 433-927

D) Reconvene in Open Session

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).) (Action Item)

10) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmenta Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.html**

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MINUTES

SPECIAL HEALTH COMMISSION MEETING

Thursday, April 7, 2005
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

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1) CALL TO ORDER

The meeting was called to order by Commissioner Monfredini at 3:10 p.m.

Present: Commissioner Lee Ann Monfredini, President
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner James M. Illig
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Edward A. Chow, M.D.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MARCH 29, 2005

Public Comment

- Patrick Monette-Shaw spoke regarding the comments in the minutes about needing more from the unions. Employees have already given up a lot of money. You don't need more from the unions.

Action Taken: The Commission (Guy, Illig, Monfredini, Sanchez, Umekubo) approved the minutes of the March 29, 2005 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Illig chaired and Commissioner Sanchez attended the Budget Committee meeting.

(3.1) **PHP-Occupational & Environmental Health, Childhood Lead Prevention Program** – Request for approval to accept and expend a grant from the State Department of Health Services, in the amount of $52,550, to develop and implement a local infrastructure and framework for a successful lead hazard reduction, compliance and enforcement program, for the period of July 1, 2005 to June 30, 2006.

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Commissioners' Comments

- Commissioner Sanchez asked if this investment would enable DPH to be compatible with the other systems that have been developed throughout the state. Nick Nudell from EMS said that this contract moves San Francisco in that direction, as it reduces the number of systems currently being used in our area from three to two. Dr. Brown said that Santa Clara County has had good outcomes from this system, and this system will allow better coordination regionally.

(3.3) **BHS-Mental Health** – Request for approval of a retroactive contract with the University of California, San Francisco-Child Services Research Group, in the amount of $385,099, to provide program evaluation services for the Children's System of Care, for the period of September 30, 2004 through September 29, 2005.

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Action Taken: The Commission (Guy, Illig, Monfredini, Sanchez, Umekubo) approved the Budget Committee consent calendar. Commissioner Sanchez abstained from voting on Item 3.3.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Mental Health Rehabilitation Center Licensing and Certification Survey

On March 21st, four surveyors from the State Department of Mental Health (DMH) arrived at the Mental Health Rehabilitation Center (MHRC) for its first annual unannounced licensing and certification survey. The first survey's intent is to see how the care, treatment and services are provided to the clients and the policies and procedures that have been developed. In addition, this survey is also seen as a consultative visit to assist the development of systems and activities that will be used when the 2006 annual survey takes place. The DMH surveyor team was very complimentary of the staff and program. They stated that for a new MHRC, San Francisco was much further along than most programs during their first survey and that San Francisco was one of the easier sites that they have ever surveyed.

Grant Awarded to Balboa Teen Health Center and Maternal Child and MCAH

The Balboa Teen Health Center (BTHC) and the Maternal Child and Adolescent Health (MCAH) Office of Family Planning were awarded a five-year, $127,000/year Community Challenge Grant from the State Office of Family Planning. These funds will support health education services at BTHC, and several other community sites.

Community Behavioral Health Services California Endowment Grant

Community Behavioral Health Services (CBHS) has been awarded a grant in the amount of $121,047 to develop and conduct trainings for DPH program managers/analysts and community contractors on the application of the Cultural and Linguistic Appropriate Services (CLAS) standards. The CLAS standards were adopted several years ago by the Health Commission as guidance for the Public Health Department. In addition, they also serve as a basis for the development of Cultural Competency Annual Reports required by the Department of Contractors. The Department's Cultural Competence Task Force will assist in the overview and implementation of this grant. The grant is to train DPH staff across all departmental sections.

New Director of Cultural Competency and Equal Employment Opportunity Appointed

Dr. Katz is pleased to announce that Jason Hashimoto has joined the Department as the Director of EEO, Cultural Competency and Affirmative Action. While Jason gets up to speed with all his new job responsibilities, Tina Yee, Director of Cultural Competence and Client Relations for the Community Behavioral Health Services has agreed to serve in the role of Director of Cultural Competency for the entire Department.

New Director of SFGH Social Services Appointed

Dr. Katz is pleased to announce the appointment of Sharon Kwong as the new Director of SFGH Social Services. Sharon Kwong has been with the Department of Public Health since 1985, the first two years as the Medical Social Worker at Laguna Honda Rehabilitation Hospital and then fifteen years at San Francisco General Hospital as the Medical Social Worker for the Cardiology and Medicine Service. Three years ago, she was promoted as the Medical Social Service Clinical Supervisor at San Francisco General Hospital and the last the four months, she was the acting Chief of Medical Social Service at San Francisco General Hospital. Sharon received her Baccalaureate of Social Welfare from the University of California at Berkeley and her Master of Social Work from San Francisco State University.

Medical Cannabis Dispensaries

The Department of Public Health was recently asked to attend two committees exploring the issues surrounding the dispensing of medical cannabis. Staff participated on both the Mayor's Medical Cannabis Task Force and on the advisory group convened by Supervisor Mirkarimi. The Board of

Supervisors passed a 45-day moratorium on the establishment of any new cannabis dispensaries; this moratorium may be extended up to 20 months. This will allow the Board to hold public hearings and consider guidelines for the operation of the existing and any new dispensaries. The Department of Public Health issues medical cannabis identification cards, but has no jurisdiction over the dispensaries.

Budget Hearing at the Board of Supervisors

On Thursday, March 31, DPH staff presented an overview of the Department's base budget and contingency plan to the Budget and Finance Committee of the Board of Supervisors. The presentation included an overview of budget initiatives for 2004-05 and a discussion of the mid-year cuts. The presentation of the base budget for 2005-06 summarized the regulatory, inflationary and structural issues, offsetting increases to revenues, and a discussion of budget cuts proposed to deliver a balanced budget and meet contingency targets. Dr. Katz anticipates the need to make more detailed presentations later in the Spring after the Mayor releases his proposed budget.

Tobacco Free Project Staff Published in American Journal of Public Health

The April 2005 issue of the *American Journal of Public Health* published an article written by the staff of the Tobacco Free Project titled "The Community Action Model: A Community-Driven Model Designed to Address Disparities in Health" on pages 611-616 in the Public Health Matters section. This [illegible] based on a paper presented at the Centers for Disease Control and Preven[illegible] Social Determinants of Health Disparities: Learning from Doing," held in Atlanta in October 2003.

The April 2005 journal also features a graphic poster on page 554 that was developed by one of the Tobacco Free Project-funded Community Action Model projects, Literacy for Environmental Justice, Youth Envision/Good Neighbor Program which addressed food security linked with tobacco in the Bay View.

LHH Staff Published in American Journal of Hospice and Palliative Medicine

Several Laguna Honda staff members recently had an article published in the March/April 2005 issue of the *American Journal of Hospice and Palliative Medicine.* The article titled, "Central nervous system aspergillosis in an immunocompetent patient: Cure in a hospice setting with very high-dose itraconazole," was authored by Akilesh Palanisamy, MD; Derek Kerr, MD, CNA; Michelle Fouts, PharmD; and Stephanie D. Chao, BS.

California Chronic Care Learning Communities Initiative

Four CHN clinics, Silver Avenue Family Health Center, Chinatown Public Health Center, Potrero Hill Health Center and Family Health Center at SFGH, are part of the California Chronic Care Learning Communities Initiative Collaborative (CCLC), launched by the California Association of Public Hospitals (CAPH) Safety Net Institute (SNI) with a grant from the California HealthCare Foundation (CHCF). The initiative develops learning communities to improve care of chronic diseases in public hospital systems. The CHN clinic teams meet with other California public hospital teams in a year-long learning collaborative to address challenges of improving care of diabetes and related conditions, using the Chronic Care Model. Dr. Lisa Johnson of Ocean Park Health Center, along with SFGH Drs. David Ofman and Tom Bodenheimer, have been serving as faculty members to this project.

The collaborative teams use a patient disease registry (CDEMS – the Chronic Disease Electronic Management System) to provide population-based care. SFGH Information Services Department has created an electronic link between the CHN Invision System and CDEMS, providing daily updates of demographic and diabetes-related lab data for the 700+ diabetic patients in the pilot cohort. This registry tool greatly facilitates population based care of a chronic illness (diabetes), and will be an important model for CHN disease registries in the future.

Commissioners' Comments

- Commissioner Monfredini said it is important to remember, particularly in times of budget cuts, all the good things that the Health Department does. There are a number of examples in Dr. Katz's Director's Report.
- Commissioner Illig asked if the new Director of Cultural Competency and EEO has the same authority as the previous director. Dr. Katz replied that the position has not changed.
- Commissioner Sanchez said it is astounding that the Department, which has undergone major budget cuts, is still able to receive grant awards and be models of excellence.

5) CONSIDERATION OF A RESOLUTION HONORING PUBLIC HEALTH WEEK, "EMPOWERING AMERICANS TO LIVE STRONGER, LONGER!"

Michael L. Radetsky, MPH, Injury Prevention, Community Health Education Section, presented a resolution honoring public health week. This year's them is "Empowering Americans to Live Stronger, Longer!" The Department's focus has been on physical activity. The goal is to make physical activity accessible everywhere in San Francisco, in addition to emphasizing its importance to individuals. The Department has sponsored a lunchtime walk, a free tai chi class and two public presentations.

Public Comment

- Patrick Monette Shaw said the Health Commission should fund the CHIPPS Falls Prevention Program instead of the Department settling a sexual harassment case.

Commissioners' Comments

- Commissioner Guy thanked the public advocates for their support of primary prevention.

Action Taken: The Commission (Guy, Illig, Monfredini, Sanchez, Umekubo) approved Resolution 07-05, "Honoring Public Health Week, April 4-10, 2005," (Attachment A).

6) APPROVAL OF FY 2005-2006 PATIENT RATES

Gregg Sass, DPH Chief Financial Officer, presented the proposed FY 2005-2006 Patient Rates for services provided by San Francisco General Hospital, Laguna Honda Hospital, Primary Care Clinics, Community Mental Health Services, Community Substance Abuse Services and the Department of Public Health. The Department reviews these rates annually, and when appropriate, revises rates to recover the cost of providing services. A 10 percent increase in patient rates is proposed at San Francisco General Hospital with the exception of trauma care. Increases are based on a survey of patient rates charged by other Bay Area and Southern California medical centers. The trauma rate structure is revised to be comparable to other hospitals providing trauma services. A 10 percent increase in patient rates is proposed at Laguna Honda Hospital for acute, rehabilitation and skilled nursing facility services based on prevailing industry rates. Proposed increases in patient rates charged for Community Mental Health Services and Community Substance Abuse Services range from three percent to 32 percent. Patient rates for both substance abuse and mental health services are established to maximize reimbursement from the State. No rate increases are proposed for services provided by Vital Records, with the exception of indexing the out-of-county cross files fee to the rates of the State and a new fee for reproduction of documents. Proposed increases for vaccines provided by the Adult Immunization Clinic range from zero percent to 25 percent based on prevailing industry rates.

Patient charges serve as the basis for reimbursement from third party providers. However, reimbursement received from third party payors may differ from rates charged to patients. Typically, payors such as Medi-Cal, Medicare and some HMOs reimburse providers for services at rates that are lower than published charges. The payors that typically reimburse DPH at the published rates include out-of-plan HMOs, private insurers and private pay patients with the ability to pay. Reimbursement from third party providers is a significant source of revenue for the Department of Public Health. Revenue associated with FY 05-06 patient rates is estimated to be $1.1 million. This increase has been incorporated into the FY 05-05 budget.

Commissioners' Comments

- Commissioner Illig asked if it is true that the charges cannot exceed costs. Mr. Sass said it is true that the charges do not exceed the costs. The fees are based on cost of services provided. Unlike most of the fees set by the City, in a hospital setting fees have a different economic structure. Commissioner Illig asked if there was any possibility of increasing the fee for the medical cannabis card. Mr. Sass said that the current fee is based on the cost to provide the service.

Action Taken: The Commission (Guy, Illig, Monfredini, Sanchez, Umekubo) approved the proposed FY 05-06 Patient Rates.

7) CONSIDERATION OF A RESOLUTION APPROVING THE SUBMISSION OF THE FY 2005-2006 DPH BUDGET

Mitchell H. Katz, M.D., Director of Health, said that the Commission had for its consideration a resolution approving the submission of the FY 2005-2006 Budget. The Commission heard much public testimony at the last meeting, and more was to be presented today.

Public Comment

- Susan Horne said the Star Center at SAGE has taught her how to minimize anger, reduce stress through acupuncture and meditation, and she has built her self esteem.

- Tangela Brackenridge, with her daughter Unique, said she and her daughter graduated from Jelani House, which is one of the only programs that serves mothers with their children.

- Heather Weigand, speaking in support of Walden House, said Walden House changed her life. She spoke in support of all substance abuse treatment providers in San Francisco. Please consider treatment as an area not to cut.

- Carolyn Gurtiza spoke in support of Walden House, which made her believe in herself and have courage.

- Isabel spoke in support of Walden House. She is really grateful to Walden House. It helped her and her son.

- Nikki Witt said Walden House has given her a new life. She looked for a long time for a rehabilitation center that serves transgendered people. Walden House has given her the opportunity to be proud of herself.

- Richard Rosenblum is proud to work at Walden House because of the work that he does. He works with people who have HIV, mental illness and substance abuse problems. This is a unique service. The clients see immediate results.

- Norma Weissman spoke in support of Walden House. It has always been there for her, and changed her life.

- Melisa Earl said Walden House helped her become the person she is today. Walden House has the programs that will help her reunite with her children.

- Gretchen Richardson spoke in support of Walden House. She has ten years clean, is back with her children and has a job. Walden House provides an array of services, and it would be a shame to cut these services.

- Venitto Lewis spoke in support in Walden House. She is a day treatment client. If it was not for Walden House, she does not know where she would be.

- Sofia Enriquez spoke in support of the Latino Commission, which is one of the only places in San Francisco that serves mothers and children. Without this program, she would not have her daughter with her.

- Sheri Gomes said Walden House helped her understand her addiction and build her self-esteem. She cannot thank them enough.

- Vera Miller spoke in support of Walden House. Walden House has made her want to give back. She knows she can do great things, but needs Walden House.

- Rita Alderucci spoke in support of Walden House. She has been unsuccessfully fighting her addiction alone for the past 15 years, and she is thankful for this type of program.

- Jasmine spoke in support of Walden House. If Walden House had not taken her in, her daughter would not have a mother. If it is cut, she will have nowhere to go.

- Cindy Collins spoke in support of Walden House. They have accepted her for who she is, and has provided an array of services. The program has given her a second chance.

- Katherine Fuentes spoke in support of Walden House. They have given her many resources to keep from using drugs.

- Fermin Loza spoke in support of Walden House. He works at a day treatment program where people get many services, have an opportunity for parenting and work programs and other services. People show up to day treatment and outpatient services, and they should not be cut.

- Dr. Mardel Gabrielle spoke in support of Walden House. Providers like Walden House have spent a lot of time assessing the special needs of their populations. A wide array of services is needed, including parenting programs, programs for dually diagnosed and others. These people need treatment.

- Val spoke in support of Walden House asked that the Commission consider a substantial budget allocation, not cuts, for services such as Walden House. They are people who are rebuilding their lives and restoring their families, and they will try to give back.

- Billie Marie Dillon spoke in support of Walden House, said she has spent all of her life incarcerated, and Walden House was kind enough to let her in. It is imperative that the funding for Walden House continue.

- Dave Farullo, Director of Citywide Case Management, said their program helps reduce rehospitalizations and incarceration. They will not be able to do that job without residential treatment. Supportive housing is great after people have stabilized, but it is not a substitute for residential treatment.

- Abner Boles, Executive Director, Westside Community Mental Health, is concerned that the cuts that are being proposed will have an impact on San Francisco's ability to get Proposition 63 funds from the State. To decimate community treatment facilities without targeting inpatient care is pound foolish.

- Steve Fields, Executive Director of Progress Foundation, said that residential treatment is not a more expensive substitute for supportive housing. The data shows that if residential treatment programs are closed, hospitals and skilled nursing facilities will be backed up.

- Jonathan Vernick, Executive Director of Baker Places, said one of the contract objectives in residential treatment centers is that for all of the clients that enter the residential programs, there needs to be a 50 percent net reduction in use of acute hospital days after treatment. There is no allocation in the budget for the cost that will result from the elimination of this treatment modality.

- Arthur Bosse, National Council on Alcoholism, urged the Commission to tell the Mayor and Board of Supervisors to find cuts elsewhere. San Francisco is headed in the right direction in developing a continuum of care, but cannot cut a level of treatment.

- Frances Hernandez spoke in support of SAGE Star Center. She suffered for years from child exploitation and domestic violence. If it was not for SAGE, she does not think she would be speaking before the Health Commission. She urged the Commission to keep this program open.

- Karen Brandman, clinical supervisor at SAGE, said it is a financial mistake to cut preventive services from the budget. SAGE provides stabilization services that keep people from having to go to another level of care. Once someone becomes homeless in San Francisco, the costs go way up.

- Saundra Domingue spoke in support of the SAGE center. She is a survivor of drug use, physical abuse and sexual exploitation. The only way she was able to survive was by working with SAGE. It was a healing place for her. Now she is able to transfer this to the clients that she works with.

- Tamara spoke in support of the SAGE center. It saved her life. Please do not cut the budget, but increase it instead.

- Patricia Davis said San Francisco recovery programs have helped her tremendously. She lost her entire family. She is now in the SAGE program, which is helping her deal with faith and loss.

- Irma Garcia spoke in support of the Latino Commission. This program has a transgender residential program. Without these kinds of programs, there would be more suicides, more people in jail, and more people in the hospital.

- Maria spoke in support of the Latino Commission. It provides a lot of help.

- Armando Perez spoke in support of the Latino Commission. This is the only San Francisco program in San Francisco that serves Latinos and that provides a full range of programs. He invited the Commission to the graduation ceremony on April 15th, at 440 Potrero (at 17th).

- Cynthia Zecic spoke in support of the SAGE program. SAGE focuses on underlying sexual abuse, and is a peer model. People who have been out there are now working there. She has learned an immense amount, and clients' trust is increased when they talk to people who have been through the same thing. This gets people into therapy more quickly.

- Danilo Peoroso spoke in support of the Latino Commission. He has been in many programs in many states, but with the Latino Commission he has been sober for two years. Please do not cut the programs.

- Orestes Cardenas spoke in support of the Latino Commission. He took drugs for many years, but is clean and sober today. He wants to continue. Recovery homes help people.

- Svetlana Pivchik spoke in support of SAGE, which is a unique organization that provides mental health, substance abuse and trauma recovery services for people who have experienced sexual exploitation and violence. Even though she did not speak fluent English as the time she received services, she was able to benefit from the treatment because of their cultural programs. The provide services in many languages.

- Norma Hotaling, SAGE, said we should be celebrating the stories that we are hearing today, rather than only hearing these triumphs in times of budget cuts. SAGE provides expanded services to create one of the most integrated mental health, substance abuse and trauma recovery services. Ms. Hotaling distributed information to the Health Commission, which is on file in the Health Commission Office.

- Chris McGuire spoke in support of Conard House said she sees success stories on a daily basis. She specifically spoke in support of the Jackson Street program. The program is multilingual and caters to the Asian community.

- Richard Heasley, Executive Director of Conard House, submitted a letter asking the Commission to hold one or more hearings to discuss the effectiveness of eliminating a treatment modality, with the findings reported to the Mayor's Office and Board of Supervisors (letter on file at the Health Commission Office). There has been no hearing, no vetting, and no local data on the proposed budget cuts.

- Mark Stanford, SEIU Local 535, encouraged the Commissioners to read the document submitted by Steve Fields. Proposition 63 funds are in serious jeopardy with these cuts.

- Jorin Bukosky from Progress Foundation said his program is not an alternative to homelessness. They are an alternative to hospitalization. We will not save money by converting to supportive housing. It is a fallacy to assume that the proposed changes will save money.

- Angel Rubalcava spoke in support of Latino Commission and other residential programs. These programs save lives. People will continue to go into institutions and jails. This is not a joke, it is people's lives.

- Molly Connery spoke in support of SAGE and other agencies that have helped her. A lot of her generation has been lost. She has gotten her life back, and is on her way back, because of these agencies. She can either be your local crime or your miracle.

- Jimmy White spoke in support of Redwood Center. He has had countless visits to the SFGH ER. He is grateful to AA, but it was not enough for him. He has the desire to live, and please do not take that away from him.

- Kavoos Bassiri ,CEO of RAMS, is deeply concerned about the budget cuts. Behavioral health services are inordinately targeted in the proposed budget. He is concerned about the impact on ability to get Proposition 63 funds. And budget cuts should not dictate the philosophy of care.

- Jenny Wiley spoke on behalf of the Friendship House is concerned about the philosophy of the cuts. Money should not be used as an excuse to hurt people's lives. She is concerned about supportive housing not providing treatment. The Friendship House is incorporating housing into their substance abuse treatment program. They support AA and NA, but with treatment.

- Michael Gastes spoke in support of Redwood Center, said it is important that people have safe treatment opportunities.

- Robert Johnson spoke in support of the Redwood Center, said this program took the time to work with him. It is a family to him. Please do not take this program away.

- Jamie Matter spoke in support of Haight Ashbury Treatment Center. He is speaking on behalf of Haight Ashbury clients who cannot be here today because they are working. They are able to keep their jobs because they do not have to go into residential treatment. A wide variety of modalities save between $4 and $11 dollars for every dollar spent.

- Aaron Thompson spoke in support of the Redwood Center. If this center is closed, people like him, who cannot get clean in a city environment, will have no opportunity for recovery.

- Felicity Price spoke in support of Jelani House. Please keep Jelani House open. This program helped her get her life in order and her children back.

- Sonia Brewster spoke in support of Jelani House. It helped her be sober for 13 years, she has housing and a job. She sees a lot of addicted women who are pregnant and homeless and want help. She is glad she is there to help them.

- Ethel Williams spoke in support of Jelani House. It would be a disservice if this program were closed. This is one of the only family-oriented treatment houses. Keeping women and children together during treatment helps the City with the budget.

- Garla Garth spoke in support of Jelani House, which helped her save her life. It taught her how to be successful in society, be a good parent, and many other things. If this program were cut, there would be more drug use and deaths.

- Mina Jack spoke in support of Jelani House. Putting people in housing without providing them treatment is not helpful. Think of 6th and Market, magnified. Crime will go up. She has been clean by herself before, but could not stay clean.

- Ronald Hemmings spoke in support of the Redwood Center. He asked to Commission to reconsider the proposal. By closing the program, the city is putting lives in danger.

- LaCresha Parker spoke in support of Bayview Hunters Point Foundation Youth Services Department, and asked the Commission to fund the beautification program that is proposed to be cut. This program is keeping kids off of the street.

- Tracy Chin said the BVHPF beautification program has helped her life. She has been doing her homework, catching up in school. If the program shut down, she would be a failure in school again.

- Dominique Jones has been going to the beautification program for a year. Without the program she would be on the streets or dead or at YCG.

- Zanaida said that without Bayview Hunters Point Foundation, she would be at YGC. The program has helped her get her grades up and is a second home.

- Jocelyn said the Health Commission should keep the BVHPF beautification program open.

- Jazz said without the BVHPF beautification program, she does not know what she would do.

- Alan Mickey Shipley was recently appointed to the Proposition 63 Task Force. Contrary to the belief of the Mayor and Board of Supervisors, Propsition 63 funds cannot be used to supplant budget cuts or for supportive housing. They are for innovative mental health programs.

- Dr. Lesleigh Franklin spoke in support of the Iris Center and the system of care. Her program is very different from AA. They deal with child abuse, trauma, sexual exploitation—the whole person. She submitted additional information, which is on file in the Health Commission Office.

- Michele Rendolin spoke in support of Jelani House. She received housing assistance, much needed counseling, parenting training and a wide array of services. Please reconsider the budget cuts.

- Nsoah Chionesu spoke in support of Bayview Hunters Point Foundation acupuncture services. He asked why studies were not done in San Francisco. Before deeming services non-essential, DPH should look at local programs.

- Gapri spoke in support of Jelani House. NA and AA are self-help groups. Residential treatment is the be[illegible]y. Please help them help others.

- Ben Eilan[illegible] in support of the Haight Ashbury Free Clinics. The Commission only has to liste[illegible] testimony today to know that hundreds of thousands of dollars were saved through treatment programs.

- Patrick M[illegible] said the Health Commission should reject the budget. Laguna Honda does not [illegible] national security, and this money should be spent to save programs like Jelani House.

- James Burge spoke in support of Jelani House. This was his first program, and hopefully his last. Jail did not rehabilitate him. Jelani might not be the biggest, but it is unique.

- David Henderson spoke in support of Jelani House. He was an addict and thief, and is now a productive adult. He owes this to Jelani.

- Margaret Gold, Executive Director of Jelani House, spoke on behalf of the Jelani programs. They have residential and outpatient programs for men, pregnant women and families. Where are her families going to go?

- Chris Fisher spoke in support of Bayview Hunters Point Foundation acupuncture services. This service is non-threatening, humane and effective. Please keep it open.

- Larry Evans spoke in support of Jelani House. These programs give a man a chance to stand up and be proud of where he came from and what he stands for. There is not enough money, and the Commission has to work to get money back in the county.

- Cedric Akbar spoke in support of Positive Directions Equals Change. The people need the program, and the community needs the program.

- Shedrick Ferguson spoke in support of Positive Directions Equals Change. People will die if cuts are made.

- Dale Robertson spoke in support of Positive Directions Equals Change. Please do not cut the program.

- Ronnie Robison spoke on behalf of Bayview Hunters Point Foundation. Acupuncture has helped him with his alcohol abuse.

- George Turner, Bayview Hunters Point Foundation center for problem drinkers, said there is a lot of violence and substance abuse in the Bayview. Any agency that provides services in that community is to be commended. But Bayview Hunters Point Foundation is unique, with the comprehensive nature of services.

- Alfredta Nesbett, Bayview Hunters Point Foundation, spoke against the cuts in acupuncture and outpatient substance abuse services in the Bayview. Acupuncture services are vital in fighting addiction. This is a holistic approach to addressing addiction.

- Barbara Farrell, CATS, said it is counterintuitive to cut substance abuse programs to save money. Human beings suffering from addiction have been stigmatized. This budget has disproportionate cuts to substance abuse. People can work so hard for sobriety, but they need the support structure.

- Felicia Houston, Program Director at A Women's Place, cautioned the Commission to not make broad and drastic cuts to substance abuse services that would undermine the system of care. People in early recovery need treatment.

- Jennifer Stephens spoke on behalf of A Women's Place, said if it is as easy to send clients to AA and NA, she wish she would have known this ten years ago. Many of her clients come from SROs, where they were unable to be successful.

- Afera Days said please support A Women's Place. She does not know where she would be without this program.

- Juanine Timmons spoke in support of A Women's Place. This program allowed her to know her self worth and becomes a better citizen.

- Thomas Booth spoke in support of Walden House. He would not have made it with just AA. Walden House helped him get back on his feet.

- Geoffrey Grier, San Francisco Recovery Theater, said it is amazing to have everyone speak out about his or her success, but a shame they have to come during budget cuts. He implored the Commission to look at its mission. The cuts will carve out services to segments of San Francisco's citizens. Protect these citizens.

- Armando Martinez spoke in support of Bayview Hunters Point Foundation. NA and AA are good for beginning recovery, but other services need to be available to make recovery successful. Acupuncture has helped him stay clean for three years. Please reconsider the cuts.

- Denise spoke on behalf of Positive Directions Equals Change. Please give people the opportunity to get their lives back.

- Ron Perez, Treatment on Demand Council and staff to the Roads to Recovery Program. He thanked all the programs that were represented today. They have been crucial to the success of the Roads to Recovery Program. When treatment is started in custody, the success rate is much higher.

- Cregg Johnson, Treatment on Demand Planning Council and Positive Direction Equals Change. Bayview Hunters Point and Sunnydale need more services. Don't cut programs in these communities.

- Steven Clark spoke in support of Positive Direction Equals Change, said Bayview needs more services, not less. They do wrap-around services and provide services beyond what the contract requires. People are dying.

- Roban San Miguel, Executive Director of Family Mosaic Project, said San Francisco has a unique circle of care but if these cuts are implemented, this circle will be decimated.

- Debbi Lerman, San Francisco Human Services Network, expressed appreciation for the language of the resolution. It acknowledged that we have to protect the safety net, and acknowledges that the lack of COLAs equates to service cuts. She implored Commissioners to use all their influence to fight the cuts.

Commissioners' Comments

- Commissioner Monfredini stated that it is the Commission's job to develop a budget and send it to the Mayor. The Commission should determine what is most appropriate and develop a list of priorities that they believe are the most important to keep in the Health Department and those that the Commission is willing to give up in order to keep the things that are extremely important. She asked each commissioner to state his or her feelings on this, and include an attachment to the resolution that will serve as a guide to the Mayor and the Board of Supervisors.

- Commissioner Illig shared his priorities for preserving essential direct services. His top priorities in the current baseline list that he cannot support reducing are: 1) residential mental health treatment services; 2) residential substance abuse services; 3) outpatient substance abuse services; 4) SRO Collaborative. This totals $4,586,926. To replace these cuts, he believes the Health Commission should move the following from the contingency list to the baseline list: 1) close the SFGH Dialysis Unit; 2) close a health center and sell the building; 3) operate all health centers at 80% of the time. Although closing a neighborhood health center and operating the rest four days a week are drastic measures, they would communicate the message that another year of public health cuts would decimate the health care safety net that San Franciscans have build and supported for decades. If the Mayor and Supervisors cannot find the revenue needed to sustain these programs, at least the patients could be transferred to the parallel system of community-based clinics. Commissioner Illig also suggested that the Health Commission hold public policy discussions about the residential treatment system. He also supports Barbara Garcia's suggestion to rebid the programs and refine the expectations.

- Commissioner Umekubo asked Dr. Katz if the Department has a contingency plan for filling the gap if a health center were to be closed or operations reduced. Dr. Katz said this is a hard question to answer, but he provided some facts. There are eight community health centers. With streamlined operations, the clinics are paying for 60 cents on the dollar, so it would have a dramatic effect on revenue and the number of FTEs. In terms of capacity by other clinics, there has been a very successful experiment with St. Mary's. The other FQHC clinics have expressed a willingness to enter into a similar relationship with DPH. He would also try to see the degree to which the doctors and nurse practitioners could remain in the clinic without the rest of the staff. One of the biggest challenges is that, in the existing system, many of our clients have a three-month wait. Commissioner Umekubo's priorities are that residential mental health treatment services, residential substance abuse services and outpatient substance abuse services are restored. His other priority is the Health at Home Chronic Care Program. These services are critical to keeping people out of acute care. He supports moving the closure of dialysis unit, the closure of a public health clinic, and reducing the level of services at the primary care clinics from the contingency list to the base.

- Commissioner Sanchez supports Commissioner Illig's priorities for restoration: residential substance abuse services, outpatient substance abuse services, and residential mental health treatment. His concern is that the neighborhood health center system is a nationally recognized model of culturally competent care. Rather than saying today that a particular clinic be closed, he would like to study the network, data and client base and perhaps reconfigure the system. He would accept the closure of dialysis and a reduction of primary care operations.

- Commissioner Guy supports Commissioner Illig's recommendation around mental health residential treatment and outpatient and residential substance abuse services. She can accept workers' compensation clinic as a cut. She does not want to close the dialysis unit. The Commission should consider closing a health center, but she is concerned about reducing the health centers by 20%, given the cuts that the clinics sustained last year. The Commission must look systematically at the impact of shrinking the safety net and reducing the strategic priorities. The Commission did not get enough time to really examine these changes. There has to be real public dialogue around this, and she asked that the Health Commission undertake this either through additional public hearing or committee meetings. She noted that the UC Affiliation Agreement has to be looked at and updated. The safety net has changed since this was last examined, and our partners at UC would appreciate that this agreement be re-examined. Given all the work the Health Department has done around supportive housing, it would be a mistake to equate supportive housing to residential treatment. There is crossover, but they are not the same. She hopes the priorities indicate to the Mayor and the Board of Supervisors that the Health Commission does not support the death knell to the entire system of residential care.

- Commissioner Monfredini explained that she specified Potrero Health Clinic on her list because she feels it is the Health Commission's responsibility to make these kinds of decisions, rather than just leaving it up to the Board of Supervisors. She believes the dialysis center should be closed because, as a member of the SFGH JCC, she sees the condition it is in, and knows that the patients will be served. This is also the case with the Workers' Compensation Clinic. She is committed to making substance abuse and mental health services whole, and is willing to reduce primary care operations to save these services. She is willing to hold the chronic care team relatively safe on the contingency list.

- Commissioner Illig asked if the SRO Collaborative would likely be funded through another department. Dr. Katz said it is likely that the collaborative would be funded through the Department of Building Inspection, so he recommends keeping this proposed reduction on the baseline reduction list.

- Commissioner Monfredini asked for Dr. Katz's input on budget priorities. Dr. Katz disagrees with one of the Commissioners' priorities, that being outpatient substance abuse services for non-special populations. The number of outpatient substance abuse slots did not result from careful planning. Further, the cost of these services range from $14,000 per year to $27,000 per year, with no understanding about the reason for the cost differential. Additionally, the evidence of methadone is overwhelming, and there is a shortage of methadone capacity. He recommends leaving $900,000 in the base of rebid substance abuse services, and increasing methadone slots.

- Commissioner Guy wants to understand better why one program costs more than the other, but right now there is not time to adequately understand this. Given that, does Dr. Katz's recommendation leave enough in the budget so that, when the policy discussions do take place, will there be enough of a system left?
- Commissioner Monfredini noted that one facet of the future policy discussions include looking at how people can be connected to the right program so that they do not have to cycle through various recovery programs.
- Commissioner Illig disagrees with cutting any funding for substance abuse services. He supports additional methadone, he agrees with rebidding the system, but the total amount of funding should remain the same.

Action Taken: The Commission (Guy, Illig, Monfredini, Sanchez, Umekubo) approved amending the proposed resolution to add the following:

"Whereas, the proposed budget reflects enhanced safety and resident care services at Laguna Honda Hospital and enhanced nursing services at San Francisco General Hospital;"

Action Taken: The Commission (Guy, Illig, Monfredini, Sanchez, Umekubo) approved amending the proposed resolution to add the following:

"Whereas, the Health Commission has prioritized the proposed budget reductions and has specified budget reductions that, if implemented, would have an adverse effect on the public health safety net, and these priorities are listed in Attachment A; and,

"Whereas, the Health Commission has identified those reductions that would have the least impact on the safety net, and these are also listed in Attachment A; and,

"Further Resolved, that the Health Commission urges the Mayor and the Board of Supervisors to consider the Health Commission priorities listed in Attachment A of this resolution when approving the budget; and be it"

Action Taken: The Commission (Guy, Illig, Monfredini, Sanchez, Umekubo) approved amending the proposed resolution to add the following:

"Whereas, the Health Commission finds it unacceptable that City departments must absorb the cost of structural inflationary increases, given that annual increases in the cost of doing business are expected and normal; and, "Further Resolved, that the Health Commission urges the Mayor to adopt the budget principle of funding, for each City Department, annual structural inflationary increases; and be it"

Action Taken: The Commission (Guy, Illig, Monfredini, Sanchez, Umekubo) approved Resolution 06-05, "Approving the Submission of the Department of Public Health's Base and Contingency Budget for Fiscal Year 2005/06, and Urging the Mayor and the Board of Supervisors to Develop Strategies for Avoiding Serious Cuts to the County's Health Safety Net Services," (Attachment B), as amended.

Action Taken: The Commission (Guy, Illig, Monfredini, Sanchez, Umekubo) approved Attachment A to Resolution 06-05 (Attachment B).

8) PUBLIC COMMENT/OTHER BUSINESS

Patrick Monette-Shaw spoke about Laguna Honda Hospital, and read from a newspaper opinion piece. He said the increased security and behavioral health programs at Laguna Honda Hospital need to be taken out of the budget.

9) CLOSED SESSION

Item 9 was continued to the April 19, 2005 Health Commission meeting.

A) Public Comments on All Matters Pertaining to the Closed Session

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

APPROVAL OF A SETTLEMENT IN THE AMOUNT OF $200,000 IN ENCISCO v. CCSF, ET AL, SAN FRANCISCO SUPERIOR COURT, No. 433-927

D) Reconvene in Open Session

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).)

10) ADJOURNMENT

The meeting was adjourned at 7:30 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

Attachments: (2)

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be reflected in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

HEALTH COMMISSION
City and County of San Francisco
Resolution No. 07-05

HONORING PUBLIC HEALTH WEEK, APRIL 4 – 10, 2005

WHEREAS, this year the State of California celebrates 134 years of public health activities; and,

WHEREAS, public health services and programs are a high priority for the residents of California and the City and County of San Francisco; and,

WHEREAS, over the past 50 years, the United States has achieved significant increases in life expectancy and reductions in the incidence of injury, disability and disease; and,

WHEREAS, of the 30 additional years of life expectancy gained since the turn of the century, the public health approach is credited with the majority—approximately 25 years—of improvements in our health status and expanded life expectancy; and,

WHEREAS, public health programs succeed by addressing the underlying causes of ill-health, identifying and addressing patterns of disease, illness, and injury, and promoting health in populations; and,

WHEREAS, the use of population-based strategies for disease and injury prevention, public health has contributed to the decline in illness and injury, including heart disease and stroke, tobacco-related disease, infectious diseases and motor vehicle and workplace injuries; and,

WHEREAS, the first week of April is celebrated as "National Public Health Week" in 21 states, including California; and,

WHEREAS, the National Public Health Week theme for 2005 is "Empowering Americans to Live Stronger, Longer;" now, therefore, be it

RESOLVED, that the Health Commission recognizes the San Francisco Department of Public Health's commitment helping older citizens overcome barriers to achieving good health through prevention, protection, and planning to live longer and healthier lives, and celebrates that commitment during National Public Health Week, April 4 – 10, 2005

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Thursday, April 7, 2005.

Michele M. Seaton
Executive Secretary to the Health Commission

HEALTH COMMISSION
City and County of San Francisco
Resolution No. 06-05

APPROVING THE SUBMISSION OF THE DEPARTMENT OF PUBLIC HEALTH'S BASE AND CONTINGENCY BUDGET FOR FISCAL YEAR 2005/06, AND URGING THE MAYOR AND THE BOARD OF SUPERVISORS TO DEVELOP STRATEGIES FOR AVOIDING SERIOUS CUTS TO THE COUNTY'S HEALTH SAFETY NET SERVICES

WHEREAS, the City and County of San Francisco is facing a $102 million dollar shortfall for fiscal year 2005-06 and the Mayor's Budget Office has required that the Department absorb all but $13 million of its projected net increases in costs, after taking $17.3 increased revenues into account; and,

WHEREAS, the Mayor's Budget Office has also required the Department to develop a contingency plan that will decrease the Department's utilization of General Fund by an additional $10 million; and,

WHEREAS, the Mayor's Budget Office has further advised the Department that it can utilize approximately $10 million towards one-time efficiency investments in infrastructure that will provide long-term savings to the Department; and,

WHEREAS, the consequence of these instructions is that Department must absorb $14.7 million dollars in unavoidable increases in its base budget, and decrease its General Fund usage by an additional $10 million in the contingency budget for a total of $24.7 million in combined cuts should cuts in the contingency plan be taken; and,

WHEREAS, the Health Commission finds it unacceptable that City departments must absorb the cost of structural inflationary increases, given that annual increases in the cost of doing business are expected and normal; and

WHEREAS, the Department has identified $12.7 million in one-time efficiencies that would provide long- term savings in excess of $21.6 million over a four-year period; and,

WHEREAS, despite the size of the fiscal shortfall, the Department has preserved all prevention and promotion activities and all children's programs; and,

WHEREAS, the Department has allocated new General Fund resources to maintain and expand methadone maintenance services; and,

WHEREAS, the proposed budget reflects enhanced safety and resident care services at Laguna Honda Hospital and enhanced nursing services at San Francisco General Hospital; and,

WHEREAS, the Department used the principles recommended by the Strategic Plan for planning in times of fiscal constraints to construct the least harmful budget cuts possible; and, WHEREAS, the base budget does not contain a Cost of Living Adjustment (COLA) to contractors or to the University of California for providing health services, which, if not added at a later date, will result in the reduction of services to the Department's clients and patients; and,

WHEREAS, the base budget does not include funding to offset potential State or Federal budget reductions; and,

WHEREAS, the Health Commission has a responsibility to maintain safety net health and public health services for San Francisco's most vulnerable residents; and,

WHEREAS, the Health Commission remains strongly opposed to service cuts that reduce safety net services; and,

WHEREAS, the Health Commission has prioritized the proposed budget reductions and has specified budget reductions that, if implemented, would have an adverse effect on the public health safety net, and these priorities are listed in Attachment A; and,

WHEREAS, the Health Commission has identified those reductions that would have the least impact on the safety net, and these are also listed in Attachment A; now, therefore, be it,

RESOLVED, that the Health Commission approves submission of the Department of Health's base and contingency budget for fiscal year 2005-2006 to the Mayor's Office; and, be it

FURTHER RESOLVED, that the Health Commission strongly urges the Mayor and the Board of Supervisors to identify new revenues, fees or taxes that could close the City's budget shortfall without reducing vitally needed safety net services; and, be it

FURTHER RESOLVED, that the Health Commission also urges the Mayor and the Board of Supervisors to identify new revenues, fees or taxes to enable the Department to provide needed COLAs to contractors or to the University of California; and be it

FURTHER RESOLVED, that the Health Commission urges the Mayor to adopt the budget principle of funding, for each City Department, annual structural inflationary increases; and be it

FURTHER RESOLVED, that the Health Commission is deeply concerned about the extent of reductions proposed and the potential impact on the Department's ability to provide the wide range of services critical to fulfilling the mission of the Department; and, be it

FURTHER RESOLVED, that the Health Commission urges the Mayor and the Board of Supervisors to consider the Health Commission priorities listed in Attachment A of this resolution when approving the budget; and be it

FURTHER RESOLVED, that if the City cannot identify enough new revenue to prevent reductions, the Health Commission strongly urges the Mayor and the Board of Supervisors to preferentially protect health and human services over other services funded by the City and County; and, be it

FURTHER RESOLVED, that when the FY 2005-2006 budget is finally adopted, the Department report to the Commission on the impact of the budget on health safety net services.

I hereby certify that the San Francisco Health Commission at its meeting of April 7, 2005 adopted the foregoing resolution.

Michele M. Seaton
Executive Secretary to the Health Commission

Attachment (1): Budget Priorities

Attachment A:

Cuts The Health Commission Could Accept If Necessary

1. State Hospital Bed Conversion
2. Administrative cuts
3. Workers Compensation Clinic Closure
4. Operating Staff Reductions (LHH)
5. Reduction in Contracted Services, Materials and Supplies at LHH
6. Jail Health Services Operating Reductions
7. Consolidate Client Services Reimbursement Mechanism
8. SRO Collaborative
9. Reduction of UCSF Contract (LHH)
10. Reduce Funding to Underutilized Mental Health Contracts
11. Reduction of funding for Sheriff's Department Post Release Education Program (PREP)
12. Reduction of Funding for the Sheriff's Department Roads to Recovery Program
13. Work Re-entry and Employment Program
14. HIV/AIDS Peer Advocacy/Treatment Advocacy/Case Management and Practical Support
15. Institute Pharmacy Co-pay for all persons without GA
16. UC Crisis Resolution Team (CBHS-MH)
17. Close Dialysis Unit (SFGH)
18. Close a Health Center and Sell Building
19. Operate all Health Centers 80% of the time

The Cuts The Health Commission Cannot Accept

20. HIV Prevention
21. PHN Chronic Care Service and Skilled Home Care Services
22. Outpatient Substance Abuse Treatment Services
23. Residential Substance Abuse Treatment Services
24. Residential Mental Health Treatment Services

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City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Lee Ann Monfredini
President

Roma P. Guy, M.S.W
Vice President

Edward A. Chow, M.D.
Commissioner

James M. Illig
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. (415) 554-2666
Fax (415) 554-2665

Web Site: http://www.dph.sf.ca.us

AGENDA

HEALTH COMMISSION MEETING

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Tuesday, April 19, 2005
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. AT 101 GROVE.

THE HEALTH COMMISSION WILL ACT ON THOSE CONSENT CALENDAR ITEMS THAT HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF APRIL 7, 2005**
**Minutes of the meeting of April 7, 2005*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner James M. Illig)

(3.1) **PHP-CHPP** – Request for approval to accept and expend a performance agreement from the California Department of Health Services, in the amount of up to $70,000, at a reimbursement rate of $110 per abstracted case, in support of a project to develop a national database and reporting system for violent injuries, for the period of January 1, 2005 to September 29, 2009.
* *Calendaring memo, Budget form, Grant information form*

(3.2) **BHS** – Request for approval of a new contract with Continuum HIV Day Services, in the amount of $1,364,160, to provide HIV treatment adherence services, for the period of May 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.3) **BHS** – Request for approval of a renewal contract with MedImpact Healthcare Systems, Inc., in the amount of $9,587,052, to provide pharmacy benefit management and Patient Assistance Program (PAP) services to access low-cost medications for indigent clients, for the period of July 1, 2005 through June 30, 2007.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.4) **ADMINISTRATION** – Request for approval of a new contract model for an 18-month contract.
**Summary memo*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **FOR DISCUSSION:** **JAIL HEALTH SERVICES ANNUAL UPDATE**
(Joe Goldenson, M.D., Director, Jail Health Services)
**Update*

6) **FOR DISCUSSION:** **SOARIAN UPDATE**
(David Counter, Director, Information Systems)
**Update*

7) **PUBLIC COMMENT/OTHER BUSINESS****

8) **CLOSED SESSION**

A) Public Comments on All Matters Pertaining to the Closed Session

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

APPROVAL OF A SETTLEMENT IN THE AMOUNT OF $200,000 IN ENCISCO v. CCSF, ET AL, SAN FRANCISCO SUPERIOR COURT, No. 433-927

D) Reconvene in Open Session

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).) (Action Item)

9) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.html**

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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Fax (415) 554-2665

Web Site: http://www.sfpdh.org

MINUTES

HEALTH COMMISSION MEETING

Tuesday, April 19, 2005
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

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Commissioner Monfredini introduced Dr. Donald Tarver, who was appointed by Mayor Newsom last week to serve on the Health Commission. Commissioner Monfredini said that Commissioner Tarver would be attending each of the Commission's Joint Conference Committee meetings, after which his committee assignments would be decided.

1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:15 p.m.

Present:
Commissioner Lee Ann Monfredini, President
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Edward A. Chow, M.D.
Commissioner James M. Illig
Commissioner David J. Sanchez, Jr., Ph.D. (left at 6:10 p.m.)
Commissioner Donald E. Tarver, II, M.D.
Commissioner John I. Umekubo, M.D.

Commissioner Tarver expressed appreciation to friends, family, health worker colleagues and clients who have supported him over the 18 years that he has served as a community psychiatrist within the San Francisco Department of Public Health. He thanked Mayor Newsom for this appointment to the Health Commission and he looks forward to doing his best to responsibly preserve and promote culturally competent and accessible public health services of the utmost quality for all members of the San Francisco public. He thanked in advance each of his experienced and committed fellow commissioners, Health Director Dr. Mitchell Katz, the dedicated staff of the Health Department and the passionately informed members of the public for the wise assistance he expects they will provide him as he assumes this new role as Health Commissioner.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF APRIL 7, 2005

Action Taken: The Commission approved the April 7, 2005 Health Commission meeting minutes.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Illig chaired and Commissioner Sanchez attended the Budget Committee meeting.

(3.1) **PHP-CHPP** – Request for approval to accept and expend a performance agreement from the California Department of Health Services, in the amount of up to $70,000, at a reimbursement rate of $110 per abstracted case, in support of a project to develop a national database and reporting system for violent injuries, for the period of January 1, 2005 to September 29, 2009.

(3.2) **BHS** – Request for approval of a new contract with Continuum HIV Day Services, in the amount of $1,364,160, to provide HIV treatment adherence services, for the period of May 1, 2005 through June 30, 2006.

(3.3) **BHS** – Request for approval of a renewal contract with MedImpact Healthcare Systems, Inc., in the amount of $9,587,052, to provide pharmacy benefit management and Patient Assistance Program (PAP) services to access low-cost medications for indigent clients, for the period of July 1, 2005 through June 30, 2007.

(3.4) **ADMINISTRATION** – Request for approval of a new contract model for an 18-month contract.

Commissioners' Comments

- Commissioner Sanchez said grant funding is often delayed. And he is also concerned about the difference between appropriation and actual contract amount. Anne Okubo said that the 18-month contract proposal is analogous to the Board of Supervisor's Interim Appropriation Ordinance.
- Commissioner Illig clarified that only 12 months is encumbered. Ms. Okubo said yes. She added that this is an administrative change, and does not functionally change the contracting process. It streamlines the process, eliminates the need for a continuing resolution and allows contractors to receive payment until the annual contract renewal is ready. Once the annual renewal is ready, the six-month interim is cancelled and the annual renewal is brought to the Health Commission for review and approval. Commissioner Illig asked if grants would be put on the 18-month process. Ms. Okubo said yes, and added that this would better accommodate grant-funded contracts that begin in September. Currently these grants are split over two contract years, which creates additional accounting requirements. Commissioner Illig shared Commissioner Chow's concern that if the Department builds in an extra six months, then it would build in a delay. Ms. Okubo said if there were a three or four month extension, some contracts would not meet that timeframe and would have to come back to the commission for extensions. Commissioner Illig said the Commission expects that with this change, contracts will not come for approval late unless it is a very extreme circumstance.

Commissioners' Comments (at the Health Commission meeting)

- Commissioner Chow would like an assurance that staff will still try to be as expeditious as possible in getting contracts approved, rather than taking all the time that is given to them. Anne Okubo said the goal is to get contracts renewed within the six-month time frame, as is the case with most contracts currently covered by the Continuing Resolution. Commissioner Chow said with that assurance, he will support staff's recommendation.

Action Taken: The Commission approved the Budget Committee Consent Calendar.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Health Director, presented his report.

New Health Commissioner

Dr. Katz extended his warmest welcome to Dr. Donald Tarver, the newest member of San Francisco's Health Commission. His professional training in psychiatry and his extensive experiences working in communities of color as well with sexual minorities will be invaluable to the Department and to the Commission. Dr. Katz attached is CV for the Commission's information

DPH Budget

At the April 7th meeting, the Health Commission approved re-prioritization of the initiatives in the Department's budget submission. The revised submission was provided to the Mayor's Office last week along with the Commission's resolution urging the Mayor and Board of Supervisors to preferentially protect health and human services and to identify new revenues fees or taxes to enable us to provide needed COLAs to contractors or to the University of California. The budget is now under review by the Mayor's Office and Dr. Katz will advise the Commission on their decisions as soon as they are available. The deadline for the publishing of the Mayor's budget is June 1st.

JCAHO Survey at San Francisco General Hospital

Eight surveyors from Joint Commission on Accreditation of Healthcare Organizations and the Institute of Medical Quality/California Medical Association arrived yesterday morning at San Francisco General Hospital, to begin a five-day survey of the hospital. Unlike past surveys, this survey was unannounced, which will also be the case with all future surveys. Dr. Katz thanked President Monfredini for attending the Opening Conference, making herself available on such short notice, and for offering her support to the staff and to the surveyors. The survey covers all areas under the hospital's license. This includes the acute services, outpatient clinics, the Emergency Department, the skilled nursing units, behavioral health, ancillary and diagnostic services, as well as, support services, administration and physical plant.

Partnership between DPH and Catholic Healthcare West

In October 2003, Catholic Healthcare West (CHW) approached the Department of Public Health with the goal of exploring the possibility of developing a clinical partnership that would be mutually beneficial to both organizations. In the spring of 2004, a formal memorandum of understanding (MOU) was signed laying the groundwork for a promising collaborative relationship between CHW's St. Mary's Hospital and Saint Francis Memorial Hospital. The agreement provides for timely urgent care and primary care appointments at St. Mary's Medical Center's Sister Mary

Philippa Clinic for unaffiliated patients presenting at SFGH's Urgent Care and Patient Referral Center.

Between June 2004 and March 2005, a total of 1,059 unaffiliated patients have been referred from SFGH to St. Mary's Hospital's Sister Mary Philippa Clinic. The most common medical conditions were: Orthopedics (33%), General Medicine (31%), Cardiology (27%), Diabetes (6%), and Asthma (3%). The MOU also outlined a plan for providing CHW with access to the DPH Lifetime Clinical Record (LCR) in order to provide better coordination of care to shared patients. In January 2005 LCR access was established at St. Mary's Sister Mary Philippa Clinic. LCR access at Saint Francis was temporarily delayed due to the relocation of the St. Francis Emergency Department but is scheduled to be complete next month. This will allow St. Francis to provide better care to patients who have previously received care at San Francisco General Hospital but who are brought to St. Francis due to our ambulance policy of bringing seriously ill patients to the nearest hospital. This private/public partnership presents new opportunities to work together to improve the health care delivery system in San Francisco.

Project Homeless Connect

On April 21st, the fourth Project Homeless Connect (PHC) will occur at Bill Graham Civic Auditorium. Project Homeless Connect is an event organized by the Mayor's Office with strong participation from DPH and DHS. The purpose is to assist homeless individuals to connect to our system of care. Since September 2004, PHC has connected over 2,000 homeless people to medical care, substance abuse and mental health services, legal counseling, CAAP and SSI benefits, shelter, housing and more. More than 575 volunteers from government, non-profit agencies, private organizations and community individuals participated in the last event. Volunteers may register at www.projecthomelessconnect.com.

Windsor Hotel Fire

The Windsor Hotel had a fire last Wednesday, April 13th. It seems to have been caused by a tenant falling asleep while smoking. Due to the sprinkler system, the damage was confined to one room. Unfortunately, the resident was badly burned and is being treated at SFGH.

Tom Waddell HC Chosen as Visit Redesign Site

Tom Waddell Health Center was selected to participate in a patient visit redesign collaborative, funded by the California Health Care Foundation and jointly sponsored by the California Health Care Safety Net Institute, the Primary Care Development Corporation, and Coleman Associates. It is one of 12 projects from six public health care systems in California. A multidisciplinary team (Sandra Aseltine, Cynthia Collins, Paul Hathaway, Chris Nguyen, Rosario Noble, and Mark Sorensen) will work with Coleman over the next six months to reduce patient visit time in Tom Waddell's primary care clinics. Shortened patient visit time should lead to improved patient and staff satisfaction and improvements in clinic efficiency and productivity.

Adult Immunization Clinic

DPH's Adult Immunization and Travel Clinic was featured in the Bay Guardian on March 30th in its "Superlist" series. Called "Check Before You Trek," the feature highlighted various travel clinics in the Bay Area, calling DPH's clinic "by far the most cost-efficient resource." The Clinic, in Room 102 here at 101 Grove Street, sees patients on a drop-in basis Monday through Friday from 9am to 3:30pm. Travel consultation is free if you purchase medication, such as malaria pills or shots.

Community Health Network, San Francisco General Hospital Credentials Report, April 2005

	04/05	07/04 to 04/05
New Appointments	10	176
Reinstatements	0	0
Reappointments	22	351
Delinquencies:	0	0
Reappointment Denials:	0	1
Resigned/Retired:	9	128
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Deceased	0	0
Changes in Privileges		
Additions	5	65
Voluntary Relinquishments	5	36
Proctorship Completed	27	124

Current Statistics – as of 04/1/05	
Active Staff	455
Affiliate Professionals (non-physicians)	193
Courtesy Staff	541
TOTAL MEMBERS	1,189

Applications In Process	29	
Applications Withdrawn Month of April 2005	2	6 (07/04 to 04/05)
SFGH Reappointments in Process May 2005 to Aug. 2005	161	

Dr. Katz introduced Ken Steele, CEO of St. Mary's Hospital and Cheryl Fama, President of St. Francis Memorial Hospital. Mr. Steele thanked Dr. Katz and Gene O'Connell for their leadership and dedication. He looks forward to future partnerships. Ms. Fama said it is the mission of St. Francis and Catholic Healthcare West to serve this community and this partnership brings this commitment to a new level.

Commissioners' Comments

- Commissioner Monfredini said the partnership with CHW is extraordinary, and she thanked Mr. Steele and Ms. Fama. She hopes this idea catches on with other hospitals.

- Commissioner Illig asked if there is any precedent for this level of partnership. Dr. Katz said there are other examples, but this is the best, closest partnership.

- Commissioner Chow complimented CHW and the Department of Public Health for putting this partnership together. The initial discussions about charity care many years ago envisioned this type of relationship that results in increased direct services. He suggested that the Hospital Council pursue this model and other partnership opportunities.

- Commissioner Sanchez said this partnership reinforces the similar missions of DPH, St. Mary's and St. Francis. This partnership focuses on human need and compassion.

- Commissioner Umekubo has been an advocate for public/private partnerships because institutions on both sides serve similar populations and experience the same problems.

- Commissioner Tarver added his commendations to Dr. Katz and Catholic Healthcare West. It is essential that patients, when they present for services, have somewhere to go. He asked if psychiatric referrals could be tracked through this process. Dr. Katz said DPH does track the psychiatric referrals. In addition, DPH sends patients whose primary psychiatrist is at St. Mary's to that facility. Commissioner Tarver also asked that psychiatrists at community clinics have access to the LCR. Dr. Katz said that DPH has been trying to expand this.

- Commissioner Guy said the partnership with CHW is a new path for the Health Department, and is a role model. The Health Commission truly appreciates that this was a difficult effort. She acknowledged all the work that has gone into charity care, because this creates the atmosphere for creative minds to explore possibilities.

5) JAIL HEALTH SERVICES ANNUAL UPDATE

Joe Goldenson, M.D., Director, Jail Health Services, presented the Jail Health Annual Update, which focuses on quality assurance activities.

Wesley Capon, nurse manager in charge of the JHS quality assurance program, presented an overview of quality improvement activities.

Quality Improvement Activities

- ➢ Continuous Quality Improvement
- ➢ Morbidity and Mortality Review
- ➢ Interdisciplinary Death Reviews
- ➢ Case Conferences
- ➢ Peer Review
- ➢ Patient Satisfaction Surveys
- ➢ Utilization Management

The Continuous Quality Improvement and Utilization Management Program (CQI-UM) is the mechanism utilized to monitor every facet of performance, identify and resolve deficiencies in patient care, modify programs to ensure ongoing compliance and enhance productivity and efficiency. Mr. Capon presented a sampling of some of the CQU-UM studies that are done in the jails, including sample ETOH Detox. Audit, sample Safety Cell Placement Audit, and CQU studies for hypertension, diabetes and reproductive services. Mr. Capon also presented result of patient satisfaction surveys for medical, dental, psychiatric and forensic AIDS services. Pending studies include SFGH Emergency Department transfers, OB-Gyn appointments, PPDs and asthma care.

Gregg Sass presented an overview of the funding for Jail Health Services. Jail Health Services are funded through the General Fund. There are very few, if any, revenue streams. He described the history of Jail Health funding, as well as changes that were made during the last budget year. Structural adjustments were made to fund the jail health shortfall. In addition, the Sheriff's Department proposed to outsource Jail Health Services as a cost-saving measure. MOU concessions and other adjustments to Jail Health costs reduced expenses by $3 million, and the proposal to outsource was not implemented. In addition, the general fund for Jail Health was transferred from DPH to the Sheriff, and DPH provides the services through a work order.

In Fiscal Year 2005-2006, Jail Health costs will increase due to changes in Nursing MOUs, increases in fringe benefits and other inflation.

Dr. Katz added that he has a few patients who he truly believes would not be alive today but for the services they received while in jail. San Francisco has a superior jail health system. It is a more expensive service than what is provided in other counties, but that is because San Francisco takes health seriously. Dr. Katz prefers the work order arrangement, which puts the costs of health care to inmates in the Sheriff's budget, because then the costs of incarceration are more complete.

Commissioners' Comments

- Commissioner Chow commended staff for having many quality indicators and asked if there are benchmarks by which to measure Jail Health's scores. Mr. Capon said in general Jail Health seeks 85 percent or better. However some indicators need to be achieved 100 percent of the time. Commissioner Chow asked how staff decides which surveys are done at what intervals. Dr. Goldenson replied that the surveys are chosen based on what is going on in the jails, such as any untoward events, trends and other information. In addition, there is a core group of studies that are done on a regular basis.

- Commissioner Tarver commended staff for the extent of the quality reviews that are done. He asked why the client satisfaction surveys for psychiatric services show a significant decrease in satisfaction from October 2003 to October 2004. Dr. Goldenson said he would discuss this with the director of Jail Psychiatric Services and get and answer to Commissioner Tarver. Commissioner Tarver asked if there is any ability to follow up on referrals that are made to the community, once people are released from custody. Dr. Goldenson said that for all patients, they give prescriptions and one month of medications. They lost discharge planning in the last budget, and are in the process of trying to get grant funding to replace this important function.

- Commissioner Monfredini understands the impact of the budget cuts over the past few years. However, these cuts are not going to be restored so it is important to understand how we move forward.

- Commissioner Umekubo applauded the CQI efforts. He asked why some of inmates who have hypertension are not treated. Dr. Goldenson said all patients are evaluated and treated if indicated within two to three days, but when some patients initially come in, their prescriptions and/or medications cannot be verified. Jail Health Services puts a lot of emphasis on starting medication as soon as someone walks in the door. The nurses do as much as they can to verify that inmates are on medication.

- Commissioner Guy asked how Jail Health Services serves inmates whose primary language is not English. Dr. Goldenson said they have bilingual staff, access to interpreters at San Francisco General Hospital and access to telephone translation. Commissioner Guy noted that frequently, jail is the first time an inmate has had any primary care. It is important that there are linkages within the DPH system so that when inmates are released, their health care continues. The Commission needs to pay attention to this issue, and should use the Joint Conference Committee to look at this issue.

- Commissioner Sanchez stated that the discussion around jail health has been going on for many years. He commended the staff for presenting the key quality areas. State prisons have been cited in many of these areas for a void of quality, and the fact that San Francisco Jail Health Services has such positive protocols is commendable.

- Commissioner Chow said connecting inmates to community primary care is a Commission priority, and he asked for an update on current activities through the Community Programs and Services Joint Conference Committee. Dr. Katz added that Barbara Garcia has established a group that is working on this issue.

- Commissioner Illig asked if the Sheriff could decide to outsource Jail Health. Mr. Sass said this could be proposed in the future, but he is unaware of any proposal to do so this year. Dr. Katz added that this would need Board of Supervisors' approval. Commissioner Illig asked if Jail Psychiatric Services is funded through the work order. Mr. Sass said it is included in the work order.

- Commissioner Guy maintains the same position as last year, which is that the Department of Public Health, which is responsible for services, should have control over the budget, and that the budget be adequately funded. Her concern is that the trend is toward providing the "industry standard" and San Francisco is so much greater than the industry standard. When this budget is housed in the Health Department, health advocates fight for it. There is no health advocacy in the criminal justice arena.

- Commissioner Chow understands both sides, but he is pleased that, through the work order arrangement, the true cost of Jail Health services is known and the Health Department no longer must absorb the underfunding, as it was forced to do in the past.

- Commissioner Monfredini said many issues were discussed at today's meeting, and asked how the Commission moves its priorities forward. Dr. Katz said it is important to understand the implications of the new arrangement, although there is not an opportunity at this time to change this. The Health Commission and Health Department's priority in these discussions is maintaining the high quality of services.

6) SOARIAN UPDATE

David Counter, Director, Information Systems, presented an update on the Siemens Soarian Project. The project involved replacing obsolete systems in several areas of the hospital—San Francisco General Hospital/Primary Care Laguna Honda Hospital, Jail Health Services—with a new generation of web-based technology. Current systems were installed almost 20 years ago. The Health Department entered into a partnership Siemens as an early adopter site. He reminded the Commission that the project would be completed within the DPH base budget while maintaining IT operations. Mr. Counter described the components and enhancements that will result from the new system.

The initial implementation schedule was very ambitious. There have been delays in the development of Soarian software. Siemens rolled out the programs to their Beta sites and various changes and enhancements were required. So the implementation schedule has changed. Clinical implementation will now be completed by 2007 and financial implementation will be completed by 2008. DPH has been able to negotiate, in recognition of these delays, additional no-cost enhancements for key DPH areas. These enhancements fall into two categories: Financial/Technical; and Clinical.

Financial/Technical Enhancements

- Soarian Revenue Management
- Laguna Honda Invision Conversion
- Claims Denial Management Assistance
- Expanded Open Link configuration

Clinical Enhancements

- Physician Order Processing (CPOE)
- Soarian Critical Care Module
- Soarian Medication Oncology Module
- Soarian Emergency Department Module
- Clinical implementation support at 4,500 hours

Mr. Counter noted that these enhancements would have had to be funded through above-base-budget appropriations. Now they will be covered through the existing contract, which leaves money in future years that can be used for other technology needs or for DPH-wide needs.

DPH Soarian Project – Current Status and Next Steps

Short Term

- Clinical and Financial system implementation is proceeding on current scheduled, and they do not anticipate any further delays.
- Clinical Access Module for enterprise-wide results live in Summer 2005.
- Interim project to convert Laguna Honda to Invision Patient Accounting for consolidated business office functions.
- Implement Soarian Critical Care at SFGH.

Long Term

- Separate Clinical and Financial schedules allow for clinical emphasis on nursing automation.
- Complete computing and network infrastructure upgrades at SFGH, LHH and Primary Care.
- Implement Medication Oncology and Emergency Department
- Plan for Behavioral Health Clinical and Financial system implementation and integration with Soarian (Proposition 63).

Mr. Ron Castleberry, Siemens' regional director, said the partnership with DPH benefits both partners. There have been struggles, which is always the case. It is important to have first adopters to identify problems. The value of the relationship is very significant and it was important to provide enhancements as a result of some of the challenges.

Commissioners' Comment

- Commissioner Monfredini is excited about this partnership. It will bring us into the next century and allow us to provide quality services to our clients. Commissioner Monfredini asked if this system would allow for electronic physician signatures. Mr. Counter said yes, and discussions are underway about how this change would be implemented.

- Commissioner Umekubo asked if a web-based system would allow a physician to access the system from wherever Internet is available. Mr. Counter said yes. Commissioner Umekubo asked if drug alerts would be built into the CPOE module. Mr. Counter said the system allows for order sets, once standardized, to include clinical-decision support, which is based on clinical best practices. Commissioner Umekubo asked if physicians at SFGH going to be involved in developing these data sets. Mr. Counter said that Dr. Bob Brodie leads this effort.

- Commissioner Tarver asked why the Behavioral Health Module is a long-term project. Mr. Counter said the RFP for behavioral health would be issued this summer. It will take 18-36 month, after the RFP is complete, to install the update. Commissioner Tarver said this is long overdue, so he appreciates anything that can be done to expedite this process.

7) PUBLIC COMMENT/OTHER BUSINESS

- Peter Davidson, Director of the UFO study at UCSF, said San Francisco Needle Exchange is unique in providing culturally competent services to young injectors. These services help prevent young injectors from becoming lifelong injectors.

- Rob Gifin, Director of At the Crossroads Program, spoke on behalf of San Francisco Needle Exchange. The clients his organization refers to this program consistently rate the services highly. There are so many programs that have tons of money being poured into them that achieve very little. This is not the case with San Francisco Needle Exchange. And most importantly, this agency is the only lifeline to the youth in the Haight who need these services.

- Mary Howe, Director of the Needle Exchange Program, said there would be a public health disaster if this program closed. They operate on a shoestring budget, and it is irresponsible to cut this program. Proposals were only evaluated on how they were written. Better-funded agencies have grant writers. Small agencies do not so are at a disadvantage.

- Maria Chavez from the Harm Reduction Coalition said she is aware of the RFP process and the Health Department's commitment to needle exchange. But it is important that the Health Commission is aware that the agencies that will be funded for needle exchange to not provide needle exchange to youth. She urged the Commission to fund grassroots organizations such as San Francisco Needle Exchange.

- Pete Morse said public health literature shows that needle exchange location is critical to the delivery of services. The funding process that pits geographically disparate organizations that serve different target populations against larger organizations is unfair. None of the bigger organizations provide comparable services. Every neighborhood should have a competent needle exchange program.

- Alya Briceno spoke on behalf of San Francisco Needle Exchange. She has worked with them for the past four years and she is disappointed that they will not be funded. It is San Francisco's responsibility to fund these services. SFNE is a place where the unique come together and quality services are provided. It is the glue that holds young injection drug users together.

- Shemena Campbell, HIV test counselor at SFNE, said that in the three years she has done HIV testing, she has had no positive HIV results and no Hepatitis C positive results. This is due to the needle exchange program. Without these services readily available, young injectors will get HIV and Hepatitis C and will be an enormous burden on the public health service. She asked the Commission to advocate for the program.

- Emalie Huriaux, outreach coordinator at the Women's Community Clinic, spoke in support of San Francisco Needle Exchange. She works closely with the program. They are unique in focusing on women, especially low-income women and women of color. SFNE helped them develop their overdose response curriculum. They provide culturally competent services that save lives and city dollars.

- Danny Homer said if the needle exchange program closes they will see more HIV and Hepatitis C infections among young people, especially in the Haight and Golden Gate Park.

- Dr. Pamela Ling, who has provided free medical care at San Francisco Needle Exchange program for four years, said the services are unique and are a priority. This is such a special program and she urged the Health Commission to think creatively about how to fund it.

- Mattie Scott spoke in support of the Maxine Hall Health Center, to prevent it from being closed. She has been going there since 1996, and the services she received there helped save her life. They have a women's support group that meets weekly.

- Kyle Pederson submitted written testimony opposing cuts to HIV/AIDS prevention services. (On file in the Health Commission office.)

Commissioner Monfredini asked Jimmy Loyce get information to the Health Commission as to whether the youth population served by San Francisco Needle Exchange will continue to be served regardless of who the contractors are. Mr. Loyce said the AIDS Office has always been cognizant of the need to cover all populations. He will get this information to the Commission.

Commissioner Illig said that there is an appeals process for the RFP process. He also urged the public speakers to work with the HIV Prevention Planning Council.

Commissioner Tarver expressed hope that there will be some means by which these relationships could be continued.

Commissioner Guy said commissioners need more information about how this result came about so that they can form informed opinions. The Commission needs to know if the population is going to be served as they have in the past, or even more effectively.

Commissioner Sanchez said the Health Commission held two budget hearings where hundreds of people expressed pain that would result from budget cuts. The Commission values and listens to all public comment, and this is democracy in progress.

8) CLOSED SESSION

A) Public Comments on All Matters Pertaining to the Closed Session

None.

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

The Commission went into closed session at 6:10 p.m. Present in closed session were Commissioner Chow, Commissioner Guy, Commissioner Illig, Commissioner Monfredini, Commissioner Tarver, Commissioner Umekubo, Mitchell H. Katz, M.D., Health Director, John Kanaley, Laguna Honda Hospital Executive Administrator, Adrianne Tong, Deputy City Attorney, Larry Hecimovich, Deputy City Attorney and Michele Seaton, Health Commission Executive Secretary.

C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

APPROVAL OF A SETTLEMENT IN THE AMOUNT OF $200,000 IN ENCISCO v. CCSF, ET AL, SAN FRANCISCO SUPERIOR COURT, No. 433-927

Action Taken: The Commission approved the settlement in Encisco v. CCSF, et al, in the amount of $200,000.

D) Reconvene in Open Session

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission voted not to disclose any discussions held in closed session.

9) ADJOURNMENT

The meeting adjourned at 6:25 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be reflected in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

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Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

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AGENDA

HEALTH COMMISSION MEETING

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Tuesday, May 3, 2005
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. AT 101 GROVE.

THE HEALTH COMMISSION WILL ACT ON THOSE CONSENT CALENDAR ITEMS THAT HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF APRIL 19, 2005**
**Minutes of the meeting of April 19, 2005*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner James M. Illig)

(3.1) **DPH-BHS** – Request for approval of a resolution approving an extension of the terms of the Fiscal Year 2004-05 contracts.
* *Resolution request memo, Resolution/List of Contracts*

(3.2) **BHS-Mental Health** – Approval to accept and expend retroactively a grant from the California Endowment in the amount of $121,047 to elevate the level of cultural competency in the delivery of client services through advanced training of staff and providers, for the period of April 1, 2005 through March 31, 2006, and for approval to modify contracts with Instituto Familiar de la Raza and the San Francisco Study Center for $40,000 and $55,000, respectively, for the same period of time.
** Calendaring memo, Lists of Boards of Directors, Grant information form, Budget*

(3.3) **AIDS Office-HIV Research** – Request for approval to accept retroactively and expend a subcontract from PHFE Management Solutions, in the amount of $51,934, for the period of July 1, 2004 to June 30, 2005.
** Calendaring request memo, Grant information form, Budget pages*

(3.4) **CHPP-Health Promotion** – Request for approval of a contract renewal with San Francisco Study Center, Inc., in the amount of $912,346, to provide fiscal sponsor services for the Tobacco Free Project Community Capacity Building Training Center, for the period of July 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report summary, Client demographic information forms*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **FOR DISCUSSION:** **FY 2004-2005 3rd QUARTER FINANCIAL REPORT**
(Valerie Inouye, CHN Chief Financial Officer)
**Report*

6) **FOR ACTION:** **APPROVAL OF A REVENUE SUPPLEMENTAL APPROPRIATION**
(Valerie Inouye, CHN Chief Financial Officer)
**Memo, Request for Supplemental Appropriation*

7) **FOR DISCUSSION:** **STD PREVENTION AND CONTROL UPDATE**
(Jeffrey Klausner, M.D., Director, STD Prevention and Control)
**Update*

8) **FOR DISCUSSION:** **BEHAVIORAL HEALTH UPDATE**
(Bob Cabaj, M.D., Director, Community Behavioral Health Services)
**Update*

9) **PUBLIC COMMENT/OTHER BUSINESS****

10) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.html**

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, May 3, 2005
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

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1) CALL TO ORDER

The meeting was called to order by Commissioner Monfredini at 3:15 p.m.

Present:	Commissioner Lee Ann Monfredini, President – left 4:50 p.m. Commissioner Roma P. Guy, M.S.W., Vice President Commissioner Edward A. Chow, M.D. Commissioner James M. Illig Commissioner David J. Sanchez, Jr., Ph.D. Commissioner Donald E. Tarver, II, M.D. Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF APRIL 19, 2005

Action Taken: The Commission approved the minutes of the April 19, 2005 Heath Commission meeting with one correction. Item 3.2 on the Budget Committee Consent Calendar was removed from the agenda at the request of DPH staff, and this was not noted in the minutes.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner James M. Illig chaired and Commissioner Chow and Commissioner Sanchez attended the Budget Committee meeting.

(3.1) **DPH-BHS** – Request for approval of a resolution approving an extension of the terms of the Fiscal Year 2004-05 contracts.

Secretary's Note – the resolution was corrected to say Department of Public Health contracts, instead of Behavioral Health contracts (line 2 of the paragraph that begins "now, therefore, be it resolved).

Commissioners' Comments

- Commissioner Illig asked if the resolution covers all DPH contractors. Mr. Leung replied that organizations with multi-year contracts are not part of the resolution. In addition, those agencies that are on a different contract year are not included, nor are some for profit contractors. Commissioner Illig noted that he asked Anne Okubo to provide him with a list of contractors who have contracts that total over $5 million. Mr. Leung is preparing this information for him.

- Commissioner Chow noted that he had inquired about Westbay Filipino Services, considering the agency was tangentially involved with an organization accused of Medi-Cal fraud. Dr. Katz assured him that the agency has provided services as required by their contract, and their monitoring reports are acceptable.

Secretary's Note - Commissioner Illig abstained as it pertains to CHW and Project Open Hand; Commissioner Sanchez abstained as it pertains to the Regents of the University of California; Commissioner Chow abstained as it pertains to NICOS; Commissioner Umekubo abstained as it pertains to Catholic Healthcare West; Commissioner Tarver abstained as it pertains to Baker Places.

(3.2) **BHS-Mental Health** – Approval to accept and expend retroactively a grant from the California Endowment in the amount of $121,047 to elevate the level of cultural competency in the delivery of client services through advanced training of staff and providers, for the period of April 1, 2005 through March 31, 2006, and for approval to modify contracts with Instituto Familiar de la Raza and the San Francisco Study Center for $40,000 and $55,000, respectively, for the same period of time.

Commissioners' Comments

- Commissioner Chow expressed some concerns regarding cultural competency, including the fact that there has been some loss of leadership in community-based organizations. Yet San Francisco has a wealth of resources and best practices. He also noted that the Health Commission and Health Department established the CLAS standards as guidelines, not mandates, and San Francisco should modify this guidelines as appropriate. Ms. Yee replied that they would be utilizing their community providers, many of whom have best practices, and learn from them what should be incorporated. Commissioner Chow is confident that Ms. Yee will be cognizant of the fact that organizations, particularly the small organizations, struggle to comply with this requirement and all the documentation that is required.

- Commissioner Sanchez said that as part of this effort the Department interacts with a whole set of communities and subspecialties, and there have been certain mandates from various agencies to provide culturally competent services. A critical component for success is that program managers are aware and trained in these areas. This proposal is a great start.

- Commissioner Illig commended the Department for working with contractors to get this grant. Contractors are looking for best practices and examples of good cultural competency reports. Commissioner Illig hopes that as the Department moves forward with its cultural competency program, Department-run programs should also be required to report on their efforts. Ms. Yee replied that this has been discussed in the Department's Cultural Competency Committee, and they will be moving forward on this. Commissioner Illig commented that Instituto Familiar de la Raza's (IFR) board, with only five members, is small. Ms. Estella Garcia from IFR replied that two board members have been added, and they will bring another member on in a few months. This would bring the total number of board members to eight.

Commissioners' Comments (at the Commission meeting)

- Commissioner Guy asked if the curriculum includes outcomes. Ms. Yee replied that their goal is to give meaning to the CLAS standards. The desired outcome is to have contract managers and analysts who review the reports, as well as the contracts who write the reports, to have a true understanding of what cultural competency means. The curriculum they are proposing includes basic understanding of CLAS standards, but very quickly moves into understanding how to write goals and objectives, understanding cultural differences, and other elements. All three counties that participate in this grant are expected to produce best practices. Commissioner Guy asked when the Health Commission, through the Joint Conference Committee, could look at the curriculum and outcomes. Ms. Yee said the goal is to have a product in March 2006.

- Commissioner Tarver asked that there be consideration to longer-term planning beyond the term of the grant, for cultural competency for Department programs.

(3.3) **AIDS Office-HIV Research** – Request for approval to accept retroactively and expend a subcontract from PHFE Management Solutions, in the amount of $51,934, for the period of July 1, 2004 to June 30, 2005.

(3.4) **CHPP-Health Promotion** – Request for approval of a contract renewal with San Francisco Study Center, Inc., in the amount of $912,346, to provide fiscal sponsor services for the Tobacco Free Project Community Capacity Building Training Center, for the period of July 1, 2005 through June 30, 2006.

Commissioners' Comments

- Commissioner Chow asked how many people these programs serve, and whether the Department is seeing reduced rates of smoking as a result of the program. Ms. Lau Smith said they do case studies on all the policy-level efforts to see if the capacity of the organization is increasing, capacity of the advocates has increased and if we are achieving policy-level change. At the end of the evaluation cycle they will be able to identify where they were most successful. Ms. Smyly added that the community action model was highlighted in the *American Journal of Public Health*. Commissioner Chow recommended that the CPS JCC receive a report after the current round of projects is evaluated.

Action Taken: The Commission approved the Budget Committee Consent Calendar. For Item 3.1, Commissioner Illig abstained as it relates to CHW and Project Open Hand; Commissioner Sanchez abstained as it pertains to the Regents of the University of California; Commissioner Chow abstained as it pertains to NICOS; Commissioner Umekubo abstained as it pertains to Catholic Healthcare West; and Commissioner Tarver abstained as it pertains to Baker Places

4) DIRECTOR'S REPORT

Mitchell H. Katz, Health Director, presented the Director's Report.

Federal Budget Update
After weeks of contentious negotiations, Congress last week narrowly passed a $2.6 trillion spending plan for FY 2006. The compromise will reduce Medicaid program spending by approximately $10 billion over five years – approximately half of what had been proposed by the House and by the President's budget. In addition, the budget resolution creates a bipartisan commission that would "find ways to eliminate fraud and abuse in the state reimbursement component of Medicaid." Although the budget resolution is technically non-binding, it serves as a guideline for Congress as it makes spending decisions for FY 2006.

The Congressional committees with jurisdiction over Medicaid will be developing policy proposals to achieve savings in the coming months. Some of the Medicaid savings proposals that are on the table include revising pharmacy pricing, changing the rules on asset transfers, and restricting Intergovernmental Transfers (IGTs), which in California fund, among other things, safety net hospitals. However, it is anticipated that cuts will not begin until 2007, after the Medicaid commission has delivered its final report in December 2006. The commission will deliver an interim report to Congress by Sept. 1. Dr. Katz will continue to keep the Commission apprised of these activities.

Joint Accreditation of Health Care Organizations Visits SFGH
The Joint Accreditation of Healthcare organizations and the Institute of Medical Quality/California Medical Association completed their unannounced survey of San Francisco General Hospital the week of April 18th. SFGH successfully passed the survey and was awarded the three-year accreditation. SFGH was reviewed on three separate manuals: Hospital Programs, Long Term Care, and Behavioral Health. In the exit interview attended by Health Commission President Monfredini the surveyors praised SFGH for its clinical care and commitment to patient safety. The organization should be commended for their teamwork and exemplary efforts of all the departments.

World Asthma Day
In observance of World Asthma Day, Karen Cohn, Chair of the San Francisco Asthma Task Force, joined Supervisors Sophie Maxwell and Fiona Ma, Dr. Shannon Thyne of the SFGH Pediatric Asthma Clinic, and Natasha Madaris, a parent of a 4-year old boy who died from asthma in San Francisco at a press conference at City Hall earlier today. The event focused on raising asthma awareness throughout the City where more than one in 10 San Franciscans suffer from asthma. A new public service ad unveiled at the press conference urges parents and kids to "Take Asthma Seriously."

Hypertension in Hispanic Community

The American Society of Hypertension's 20th Annual Scientific Meeting is scheduled to take place in San Francisco the week of May 14th. This year's program will feature an exclusive Spanish language press briefing on May 18th. Laura Brainin-Rodriguez, Registered Dietitian with Nutritional Services, will be one of the guest speakers. DPH applauds the Society's efforts to reach out to the City's Hispanic community where hypertension and vascular health impacts a significant number of patients.

SFGH Physician Recognized by American Gastoenterological Association

The American Gastroenterological Association (AGA) has named SFGH's John P. Cello, MD the recipient of its 2005 Distinguished Educator Award for his accomplishments during his career in gastroenterology. Dr. Cello is a professor of medicine and of surgery at the University of California, San Francisco and is also director of medical education for the Division of Gastroenterology at San Francisco General Hospital. Also with the university, he was chief of gastroenterology, hepatology and clinical nutrition at San Francisco General Hospital for 20 years.

Commissioners' Comments

- Commissioner Monfredini congratulated San Francisco General Hospital for passing the JCAHO survey. This was an extraordinary team effort. Each of the surveyors mentioned how competent Gene O'Connell is and how well the SFGH executive team works together. The Health Commission is very proud. Ms. O'Connell said the whole hospital worked together to make sure they were successful.

- Commissioner Illig asked if scores are given with the new methodology. Ms. O'Connell said it is pass/fail. The surveys did identify a few areas that need to be fixed within 90 days.

- Commissioner Guy said it is astounding that, even though the hospital has weathered budget cuts, it continues to provide such a high level of care.

- Commissioner Chow reiterated the importance of passing the JCAHO survey, and how fortunate San Francisco is to have such dedicated staff. Staff could have been demoralized over the last few years of budget reductions, but they work through adversity.

5) FY 2004-2005 3rd QUARTER FINANCIAL REPORT

Valerie Inouye, CHN Chief Financial Officer, presented the 3rd Quarter Financial Report. This report presents the third quarter financial projections of revenues and expenditures for the Department of Public Health for fiscal year 2004-2005. Projections include a revenue surplus of $25, 666,000 and expenditure deficit of $15,432,000, after adjusting for SB855 IGT transfers to reflect SB855 disproportionate share revenues net of related transfers. Based on this data, the Health Department is projecting a year-end surplus of $10.2 million for FY 2004-05.

The mid-year budget cuts have the effect of reducing DPH's budgeted spending authority by $3.5 million. The Department is therefore required to return a surplus of $3.5 million to the General Fund at year-end. In addition, DPH has committed to return $3.2 million in projected surplus for FY 04-05 as a carry forward in the FY 05-06 base budget. The projections indicate that DPH will exceed those two requirements by $3.5 million. This remaining surplus contributes to one-time efficiency investments of $12 million proposed by the Department. DPH anticipates the need for a revenue-funded supplemental appropriation to address structural problems in the current year and fund certain one-time expenses anticipated for this fiscal year.

DEPARTMENT OF PUBLIC HEALTH - FY 2004-05

	REVENUES			EXPENDITURES			TOTAL
Division	Revised Budget	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	Surplus/ (Deficit)
SFGH	$ 543,668,000	$ 542,406,000	$ (1,262,000)	$ 543,668,000	$ 533,984,000	$ 9,684,000	$ 8,422,000
SB855 Adjustment	(98,225,000)	(73,473,000)	24,752,000	(98,225,000)	(73,473,000)	(24,752,000)	-
SFGH Adjusted	$ 445,443,000	$ 468,933,000	$ 23,490,000	$ 445,443,000	$ 460,511,000	$ (15,068,000)	$ 8,422,000
Laguna Honda	154,265,000	154,920,000	655,000	154,265,000	155,375,000	(1,110,000)	(455,000)
Primary Care	42,187,000	44,293,000	2,106,000	42,187,000	42,772,000	(585,000)	1,521,000
Health at Home	7,665,000	7,478,000	(187,000)	7,665,000	7,687,000	(22,000)	(209,000)
Jail Health	22,078,000	21,980,000	(98,000)	22,078,000	21,980,000	98,000	-
Public Health	91,447,000	91,147,000	(300,000)	91,447,000	90,546,000	901,000	601,000
Mental Health	172,286,000	172,286,000	-	172,286,000	172,282,000	4,000	4,000
Substance Abuse	65,105,000	65,105,000	-	65,105,000	64,755,000	350,000	350,000
SUBTOTAL	$ 1,000,476,000	$ 1,026,142,000	$ 25,666,000	$ 1,000,476,000	$ 1,015,908,000	$ (15,432,000)	$ 10,234,000
Mid-Year Reduction T							$ (3,500,000)
Carryforward Assume							(3,231,440)
NET DPH							$ 3,502,560

(1) The Revised Budget in the table above includes: Annual Appropriation Ordinance for DPH, carry forwards from prior year, Inter Governmental Transfer (IGT) for SB855, Transfer In and Project Related expenses.

Commissioners' Comments

- Commissioner Tarver asked if there are plans of correction for areas that do not meet revenue expectations. Ms. Inouye said that each entity is responsible making sure that the problems that led to the revenue deficits are addressed.

- Commissioner Illig said the revenue enhancement at SFGH and Primary Care should be highlighted and applauded. He also noted that the Department is doing a better job collecting bad debt from people who receive care and have the ability to pay.

- Commissioner Chow asked if the budget includes one-time appropriations to fix the problems that were identified during the power outage at SFGH last Fall. Ms. Inouye replied that funding to fix these issues is part of the one-time efficiency money. Ms. O'Connell added that some repairs and maintenance have already been done, but the real fix is to replace the power plant, which is in the proposed budget.

6) APPROVAL OF A REVENUE SUPPLEMENTAL APPROPRIATION

Valerie Inouye, CHN Chief Financial Officer, said the Department is requesting approval of a revenue supplemental appropriation of $17.8 million for expenditures that exceed budget at San Francisco General and Laguna Honda hospitals. Surplus revenues of $16.7 million at San Francisco General Hospital will be used to fund the supplemental appropriation request. These revenues include $8.5 million in Other Patient revenue and $8.2 million in higher than expected revenues for Medi-Cal SB1255 revenues. Surplus revenues at Laguna Honda Hospital due to a projected favorable adjustment to the computation of Distinct Park Skilled Nursing supplemental payments will be used to fund the supplemental appropriation request. This is offset by a $129,000 negative variance resulting from delay in implementing paid parking reflected in Fees and Miscellaneous revenues. An additional $455,000 will be transferred from San Francisco General Hospital to Laguna Honda Hospital.

Expenditures of $16.7 million in excess of budget at San Francisco General Hospital are due to unfavorable variances in Personal Services & Fringe Benefits, Non-personal Services and Materials and Supplies. Expenditures are projected to be $1.1 million more than budgeted at Laguna Honda Hospital due to unfavorable variances in Personnel Services and Fringe Benefits and Materials and Supplies.

The supplemental appropriation request for the two hospitals is fully funded from revenues and will not require additional general funds. The on-going issues that have produced the excess expenditures have been addressed in the FY 05-06 budget via program initiatives and increases to specific budget line items.

Action Taken: The Commission approved the revenue supplemental appropriation.

7) STD PREVENTION AND CONTROL UPDATE

Jeffrey Klausner, M.D., MPH, Director, STD Prevention and Control, presented an update on STD Prevention and Control Services. STD services include

- The San Francisco City Clinic – 23,000 patient visits in 2004
- Detention screening services – 12,000 persons age 15-35 screened per year
- St. James Infirmary – occupational health clinic for sex workers
- Magnet – Gay and bisexual male sexual health centerDisease control and investigation
- Field-delivered therapy
- Health education, provider training
- Sex club outreach and monitoring
- HIV testing, counseling and partner services
- HIV medical care
- Special projects and research

Dr. Klausner highlighted some of the epidemiologic trends in select STDs in San Francisco. After a dramatic decline in syphilis infections in San Francisco from the 1980s, there have been increases over the past six years. In 2004, San Francisco was the city with the highest syphilis rate in the country. Almost all cases are in men. The public health response in San Francisco has been strong, and includes enhanced surveillance, expanded clinical and lab services, health provider education, community health promotion, addressing select risk factors and evaluation.

As with syphilis, gonorrhea decreased dramatically from the early 1980s to 1996, and since then has remained elevated but relatively constant. The epidemiology of gonorrhea reflects two different transmission networks within San Francisco, one among men who have sex with men (MSM) and one among African Americans young adults. Gonorrhea is the second most common reportable disease nationally and in San Francisco. Compared to other cities, San Francisco has markedly higher rates than other places. In response to these high rates of gonorrhea, San Francisco has launched several screening programs for both gonorrhea and chlamydia, including at HIV testing sites, in the jails, at Magnet and at the sex worker safety clinic.

In general over the past five years gonorrhea rates have been level or have declined, most dramatically in young adults age 15-19. Importantly, these declines are most pronounced in high-risk groups, including African Americans. Drug resistance in gonorrhea treatment remains a public health problem in San Francisco and is carefully monitored.

Chlamydia remains the most commonly reported disease in San Francisco. San Francisco has the most comprehensive screening program and does the most testing. The highest rates are among African Americans and lowest rates are among API. Citywide chlamydia screening programs have been associated with significant decreases in the positivity rate. The most dramatic increase in the youngest age groups. Another way to look at the outcome of a decrease in gonorrhea and chlamydia rates is in Pelvic Inflammatory Disease, which has declined over the past few years.

Dr. Klausner discussed the intersection between STDs & HIV. DPH has been monitoring the number of new STDs among people with HIV in San Francisco since 1995. These types of data have caused a reconsideration of HIV/STD prevention policy resulting in a shift of prevention efforts towards people with HIV infection. The rate of STDs among persons living with AIDS in San Francisco has increased, and HAART users were more likely to have an STD than non-HAART users. Dr. Klausner said that survey data show that a variety of MSM populations report recent methamphetamine use.

Dr. Klausner said that in conclusion: San Francisco has high rates of STDs relative to other cities and California; unique epidemiology of STDs in MSM and young African-American heterosexuals; and programmatic interventions demonstrate reductions in morbidity in select groups.

Commissioners' Comments

- Commissioner Monfredini asked if the higher rates of STDs in San Francisco are a function of increased reporting. Dr. Klausner said San Francisco does a lot more testing than other areas, and this might be a factor in higher rates. However, San Francisco has a high positivity rate.

- Commissioner Tarver asked if the screening sites provide the entire spectrum of tests. Dr. Klausner said not all sites cover 100 percent of the spectrum, for example some sites might not provide throat swabs or rectal swaps.

- Commissioner Chow asked Dr. Klausner if he knows why gonorrhea rates have declined in young people, and can the decline be attributed to DPH efforts. Dr. Klausner replied that maintaining an STD treatment program in the detention facilities has impacted the rates of gonorrhea and chlamydia. In addition the YUTHE program, which is a peer-based program in the Bayview and other areas, as well as work with faith-based organizations, has raised awareness about sexual health and encouraged people to get screened and treated. Commissioner Chow said, given these successes, why haven't the syphilis rates gone down. Dr. Klausner said syphilis is in a different population and a different approach is needed.

- Commissioner Illig clarified that STD Prevention and Control provides medical care to people with HIV. Dr. Klausner replied that City Clinic provides ongoing primary HIV care for approximately 125 individuals with HIV. Some people consider the City Clinic their health care home. Also, many clients are diagnosed with HIV at the City Clinic, and the Department felt it was important to provide services at the same site.

- Commissioner Chow asked when San Francisco might fall out of first place for syphilis rates. Dr. Klausner replied that in the first quarter of 2005 there has been a significant decline in syphilis, and if this holds for the second quarter, San Francisco may no longer be number one. Dr. Klausner said that the positivity rates for chlamydia continue to go down, which is encouraging.

- Commissioner Guy said STDs are a very important public health concern. She asked Dr. Klausner what he thinks works and also what the Health Commission needs to pay attention to. Dr. Klausner said what works is a combination of community mobilization, partnering with the community, and developing a contingent of community advocates. The most effective thing to do is empower the community to demand the right kinds of tests and the right kind of treatment. Secondly, the technical expertise of health departments to do surveillance and epidemiology is needed. At the national level, the CDC STD division has been decimated by the current administration, and it is another year of rescission. There needs to be a national dialogue about how we value our public health system.

- Commissioner Umekubo asked what some of the trends are with bacteria resistance. Dr. Klausner replied that 60% of cases are resistant to Azithromycin, and there hasn't been any drug development for new antibiotics for syphilis. There has been no resistance with chlamydia. DPH has one of the only HIV drug resistance monitoring programs in the country. Commissioner Umekubo thanked Dr. Klausner for sending private providers the information on Azithromycin.

- Commissioner Tarver asked what kinds of programs are targeted toward African American MSM, and if the Magnet Clinic would be expanded. Dr. Klausner said that it was only this past fall that San Francisco required patients to identify the gender of the sex partner, and this is one of the limitations of the epidemiology. They have to infer based on geography or case interviews for syphilis. Last fall they co-sponsored a variety of different programs on the down low and try to support efforts to get the word out. They continue to work with San Francisco AIDS Foundation, Black Brother Esteem and other groups that want to serve gay men of color, to help them with grant proposals, support minority AIDS initiatives and provide data.

8) BEHAVIORAL HEALTH UPDATE

The report was continued to the May 17, 2005 Health Commission meeting.

9) PUBLIC COMMENT/OTHER BUSINESS

- Anthony Hunter, representing Jelani House, commented on the possibility of losing services in the Bayview. This community is in crisis and should not lose any resource of any kind.

- Susan Murphy, president of the Silver Avenue Health Clinic Community Advisory Board. This clinic has served her entire family. A 20 percent budget reduction equates to 7,000 to 8,000 patients not being served. At Silver Avenue, 2,000 visits would be cut.

- Anonymous, spoke in support of the Silver Avenue Clinic. The clinic is very compassionate and nurturing. Closing this clinic and others is a death sentence. Please reconsider the decision, and keep this center open.

- Dr. Barry Zevin, speaking as a private citizen, is concerned with the plans to cut more from primary care. He reminded the commission that the keys to health care in this country remain primary care. The health problems are not going to decrease, and the number of patients needing services is not going to decrease. Services need to be expanded, not cut.

- James Strouse said there is no other place in the world that provides services like Tom Waddell. A lot of people will be killed if it is closed.

- Dulavi Khan said these proposals are all about finances. Schools, clinics and hospitals are being closed for poor people. There are so many cultures in California. The governor and president need to fund programs.

- Jim said there are people who would be dead but for the services at Tom Waddell. The services are very cost effective. If only 560 Tom Waddell patients end up at San Francisco General Hospital, all the savings from the cut will be wiped out. Cutting humane care is very false economy.

- Rudy Pedraza said he deserves to be seen and heard, and these budget cuts tell him that he no longer matters. He receives personal, compassionate treatment at Potrero Hill clinic.

- Fred Kirksey, a patient at Tom Waddell, loves Tom Waddell as a clinic and a family.

- Jane Kiskiras said Maxine Hall is her rock. DPH has the best doctors in the world, and the best the best technology. We have a health care delivery problem and we need a new paradigm.

- LaVonne McIntosh spoke against cuts to the primary care clinics. San Francisco exists in a macrocosm where general welfare is null and void, and the people have no say. She and others will protest.

- Jay Ordman spoke as a client of SFGH and Castro Mission Health Center. San Francisco has a world class health system in process and please do not stop this. He loves his primary care medical team. The leaders in this city have to tell the people that they need to have this health care team.

- Sandra Elizondo, member of the Potrero Hill Clinic Advisory Board, spoke against the cuts to the Potrero Hill clinic. The consequences of closing or reducing services at this clinic and others would be drastic. SFGH will not be able to deal with all the people that cannot go to primary care clinics.

- Patricia Gray, principal of Balboa High School, said 2/3 of her students are in need of public assistance in some respect. Her students come from four housing projects and if they do not have health care, they do not come to school and do not learn. She makes a good salary and she had to switch health insurers because she could not afford the co-pay. Imagine what it is like for people who are low income. Find other ways to reduce the budget.

- JoAnn Sanders, from Silver Avenue Clinic, said Dr. Goldberg at this clinic is an angel. The clinic provided excellent care for her foster children, and she receives care there as well. All the staff there is hardworking. Please do not cut the services to the clinics.

- Otto Duffy, Tom Waddell Advisory Board, spoke in support of primary care. San Francisco should be leading the way in numbers of insured people. Primary care has already gone through so many budget cuts. Right now patients get 15 minutes every six weeks, which is not enough for health maintenance.

- Ruth Gravitt spoke in support of Silver Avenue Health Center, where her doctor has been an angel of mercy. She said if her relationship with her physician is not disrupted, she will try to give back to the city what they have done for her.

- James Greenblat said right now it takes him three to four months to get an appointment, and he has to wait between one and three hours on the day of his appointment. If the Silver Avenue clinic is closed, senior citizens, children, families, men and women will be impacted.

- Ruben Garcia, Union Representative with Local 790, said Primary Care should be the priority, and he was surprised to see the Health Commission move primary care cuts from the contingency list to the base budget list. San Francisco needs all the clinics. San Francisco General Hospital Emergency Department has one of the worst backlogs, and this will get worse if the people who cannot get into primary care go to the hospital instead. The Health Commission needs to tell the Mayor that the Health Department needs more money.

10) ADJOURNMENT

The meeting was adjourned at 5:50 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be reflected in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

FIRST CLASS MAIL

Lee Ann Monfredini
President

Roma P. Guy, M.S.W
Vice President

Edward A. Chow, M.D.
Commissioner

James M. Illig
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

Donald E. Tarver, II, M.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

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AGENDA

HEALTH COMMISSION MEETING

Tuesday, May 17, 2005
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. AT 101 GROVE.

THE HEALTH COMMISSION WILL ACT ON THOSE CONSENT CALENDAR ITEMS THAT HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MAY 3, 2005
**Minutes of the meeting of May 3, 2005*

3) PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner James M. Illig)

(3.1) **DPH-Central Admin.** – Request for approval of a renewal contract with P. B. Strategies, LLC, in the amount of $438,387, to provide strategic planning and project management services for ongoing primary care capital improvement projects, for the period of July 1, 2005 through June 30, 2007.
** Contract summary, Monitoring report summary, Progress summary*

(3.2) **PHP-MIS** – Request for approval of a renewal contract with Echo Consulting Services of California, in the amount of $460,237, to provide ongoing system maintenance and application support services for the INSYST software application used by Community Behavioral Services, for the period of July 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report summary*

(3.3) **PHP-MIS** – Request for approval of a renewal contract with InfoMC, in the amount of $288,792, to provide ongoing system maintenance and application support services for the eCURA software application used by Community Mental Health Services, for the period of July 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report summary*

(3.4) **PHP-BEHM** – Request for approval of a renewal contract with San Francisco Foundation Community Initiative Fund, in the amount of $168,000, to provide fiscal sponsor services for the San Francisco Food Council, for the period of July 1, 2005 through June 30, 2007.
** Contract summary, Monitoring report summary*

(3.5) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with Patricia Sullivan, in the amount of $282,240, to provide consulting services to HIV Health Services, for the period of March 1, 2005 through February 28, 2006.
** Contract summary, Contract evaluation form*

(3.6) **CHN-Jail Health Services** – Request for approval of a renewal contract with Medical Diagnostic, in the amount of $672,000, for the provision of mobile X-Ray services for inmates of the County Jail, for the term of July 1, 2005 through June 30, 2009.
** Contract summary, Monitoring report summary*

(3.7) **CHN-SFGH** – Request for approval of a renewal contract with the Regents of the University of California, in the amount of $376,320, to provide Orthotics and Prosthetics for Medically Indigent Adult clients of the Community Health Network, for the period of July 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report summary*

(3.8) **CBHS-Mental Health** – Request for approval to accept and expend retroactively a grant from the California Department of Mental Health, in the amount of $207,487, for Community Program Planning as part of the Mental Health Services Act (MHSA) (Prop 63), for the period of January 1, 2005 through September 30, 2005, and a contract modification with Bay Area Communication Access for $3,000, for ASL interpretation, for the same period.
** Calendaring memo, Grant information form, Budget*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **PRESENTATION OF THE EMERGENCY MEDICAL SERVICES (EMS) ANNUAL AWARDS**
(John Brown, M.D., EMS Medical Director)
** List of Awardees*

6) **FOR DISCUSSION:** **BEHAVIORAL HEALTH UPDATE**
(Bob Cabaj, M.D., Director, Community Behavioral Health Services)
**Update*

7) **FOR DISCUSSION:** **PRESENTATION OF EMS SYSTEM CAPACITY ASSESSMENT AND REPORT**
(John Brown, M.D., EMS Medical Director)
**Report*

8) **PUBLIC COMMENT/OTHER BUSINESS****

9) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: **Donna_Hall@ci.sf.ca.us.**

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us/bdsupvrs/sunshine/ordinance.html**

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HEALTH COMMISSION

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Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.sfdph.org

MINUTES

HEALTH COMMISSION MEETING

Tuesday, May 17, 2005
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

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1) CALL TO ORDER

The meeting was called to order by Commissioner Monfredini at 3:10 p.m.

Present:
Commissioner Lee Ann Monfredini, President
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Edward A. Chow, M.D.
Commissioner James M. Illig
Commissioner Donald E. Tarver, II, M.D.

Absent:
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MAY 3, 2005

Action Taken: *The Commission (Chow, Guy, Illig, Monfredini, Tarver) approved the* minutes of the May 3, 2005 Heath Commission meeting.

Commissioners' Comments

- Commissioner Illig asked how the Department decides which programs are contracted out and which are done in-house. Michelle Long Dixon replied that the quality management program is relatively new to CARE-funded programs. When it became a HRSA mandate, there was a hiring freeze, and it is not a full time job. Ms. Long Dixon said that this is a scope of work that is best managed by a consultant. Commissioner Illig said that he would like to see performance measures in the contract summaries that are presented to the Budget Committee.

(3.6) **CHN-Jail Health Services** – Request for approval of a renewal contract with Medical Diagnostic, in the amount of $672,000, for the provision of mobile X-Ray services for inmates of the County Jail, for the term of July 1, 2005 through June 30, 2009.

(3.7) **CHN-SFGH** – Request for approval of a renewal contract with the Regents of the University of California, in the amount of $376,320, to provide Orthotics and Prosthetics for Medically Indigent Adult clients of the Community Health Network, for the period of July 1, 2005 through June 30, 2006.

(3.8) **CBHS-Mental Health** – Request for approval to accept and expend retroactively a grant from the California Department of Mental Health, in the amount of $207,487, for Community Program Planning as part of the Mental Health Services Act (MHSA) (Prop 63), for the period of January 1, 2005 through September 30, 2005, and a contract modification with Bay Area Communication Access for $3,000, for ASL interpretation, for the same period.

Action Taken: The Commission (Guy, Chow, Illig, Monfredini, Tarver) approved the Budget Committee Consent Calendar.

4) DIRECTOR'S REPORT

Mitchell H. Katz, Health Director, presented the Director's Report.

Blue Ribbon Committee on SFGH's Future Location

The Mayor has appointed a 26-member Blue Ribbon Committee to make a recommendation on where SFGH should be rebuilt—either on the existing campus in Potrero Hill or at Mission Bay, co-locating with the planned women's, children's and cancer hospitals for UCSF Medical Center. Dr. Sandra Hernandez will chair the committee and Dr. Katz has been asked to co-chair with her. Members come from disciplines throughout the City, including health care, education, advocacy and community, labor, government, philanthropy and business. Dr. Ed Chow will serve on this Committee as representative for the Health Commission. As this Commission is aware, much work has already been done related to this rebuilding effort and the Blue Ribbon Committee will have this body of work as a resource to help determine their recommendation. It is anticipated that the committee will return a recommendation to the Mayor and Board of Supervisors by the end of the summer. Four meetings over the next few months are planned. Dr. Katz thanked the Mayor and the San Francisco Foundation for their leadership in bringing together this important Committee and look forward to the challenge we have ahead of us.

Community Health Network -San Francisco General Hospital Credentials Report

	05/05	07/04 to 05/05
New Appointments	11	186
Reinstatements	0	0
Reappointments	27	395
Delinquencies:	0	0
Reappointment Denials:	0	1
Resigned/Retired:	8	137
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Deceased	0	0
Changes in Privileges		
Additions	4	70
Voluntary Relinquishments	0	41
Proctorship Completed	33	151
Proctorship Extension	4	4

Current Statistics – as of 05/1/05	
Active Staff	456
Affiliate Professionals (non-physicians)	194
Courtesy Staff	540
TOTAL MEMBERS	1,190

Applications In Process	37	
Applications Withdrawn Month of May 2005	0	8 (07/04 to 05/05)
SFGH Reappointments in Process June 2005 to Sept 2005	180	

Commissioners' Comments

- Commissioner Illig asked if the Blue Ribbon Committee's recommendation would come to the Health Commission. Dr. Katz said it would.

- Commissioner Chow is honored to represent the Commission on the Blue Ribbon Committee. Commissioner Chow again noted how important it was that San Francisco General Hospital passed JCAHO and noted that a hospital in Alameda County is faced with losing its accreditation. He also noted that the Alameda County grand jury has criticized the Alameda

- Single Point of Responsibility
- Med Impact – pharmacy benefits manager and medications for indigent patients

Dr. Cabaj described the Children's System of Care, which includes initiatives such as gun violence prevention, SafeStart initiative, the High Quality Child Care Mental Health Consultation Initiative and the Homeless Children's Mental Health Initiative.

New Initiatives/Programs

- Alternatives Grant shows success in reducing re-institutionalization in African-American men discharged from IMDs
- Methamphetamine Treatment/Intervention
- Fire setting Prevention, Education and Treatment Project
- Horizons Dual Diagnosis Day Treatment Program
- Post Traumatic Stress Disorder Clinic
- Collaboration with Mental Health Association
- Enhanced services for with women with HIV
- Active CBHS involvement in Project Connect
- New Medication Use Improvement Committee replaces old P&T Committee

Commissioners' Comments

- Commissioner Tarver asked Dr. Cabaj to elaborate on CBHS's transgender services. Dr. Cabaj said a program at the Castro Mission Health Center provides direct counseling to transgender people and consulting to primary care staff that work with transgender people. The Center for Special Problems has a specific transgender track with psychotherapy and other interventions for transgender clients. Theoretically a transgender person could get care anywhere in the system because staff are trained, but they recognize that people prefer to go to people with expertise in their area. Commissioner Tarver asked if there is a process to recruit and retain transgender therapists. Dr. Cabaj said they do try to recruit, and this is definitely a category of interest. Commissioner Tarver asked what the goals were for the SPR program in terms of clients graduating from this program. Dr. Cabaj said that they have set a goal of 17 percent turnover within one year. This is not always easy to do because clients are so dependent on the care. They are looking at a step-down process so a person is still tied to the program, but not receive the same level of care. Commissioner Tarver asked what approaches are used to streamline placements within the system of care. Dr. Cabaj said there used to be multiple admission screenings for every level of care, each one different for each program. CBHS now uses a standardized evaluation tool that looks at the symptoms and presentation of particular individual to match them with a level of care, and this is applied uniformly throughout the system. Commissioner Tarver emphasized the need for the CBHS MIS system to be compatible with Primary Care and the rest of DPH.

- Commissioner Illig urged CBHS to have a role in the Mayor's Long Term Care Coordinating Council so that the behavioral health perspective is represented. He asked if CBHS is evaluating any of the budget proposals that related to the restructuring of CBHS, even if these proposals are not included in the Mayor's budget. Dr. Cabaj replied that it is clear that methadone and the rest of the substance abuse system needs to be put through an RFP process. He would like to tie this effort to the Mental Health Services Act, but the sequence will depend on the proposed budget. Commissioner Illig asked what the outcomes are for substance abuse residential treatment. Dr. Cabaj said that CBHS is developing more performance-based outcomes, rather than just looking

Commissioners' Comments

- Commissioner Tarver asked how participating hospitals test the assumption that they would achieve 100% call back during a disaster. Dr. Brown said that this should be incorporated into the planning exercises and would give them a range. Commissioner Tarver asked if there is a mechanism for immediate privileges to provide services at other hospitals. Dr. Brown replied that San Francisco's policy is to have physicians report to an incident commander or go to a volunteer reception area and present a current license and photo identification. This gives them the emergency credentialing to provide basic life support. What they are working toward is have advanced credentialing of personnel that would be responding to disasters.

- Commissioner Chow said there are certain gaps that are easy to close and others that are more problematic and costly. He asked if the gap analysis assumes that hospitals would have to meet staffing mandates. Ms. Garay replied that normal staffing ratios would apply even during an emergency. Commissioner Chow asked how hospitals would deal with a personnel shortage. Dr. Brown said the first approach is to work with regional partners with the hope that the disaster would not affect all regions equally. The other aspect is to bring in Federal medical disaster teams. Dr. Katz added that one of the take home points is what to do when there are not enough of the resources that are needed. The goal is understanding this ahead of time so people can thoughtfully develop the next best solution ahead of time.

- Commissioner Illig asked if there is a companion assessment for the region. Dr. Brown replied that the HRSA grand requires this, so as other counties finish theirs they will be able to marry the data. This will be key to regional planning. Commissioner Illig suggested that the boards of each of the hospitals in San Francisco get a copy of the assessment.

- Commissioner Guy asked what the Health Commission should pay closest attention to in the next year. Dr. Brown said the Commission should continue to monitor the gaps that have been identified and support efforts to obtain grant funding to close these gaps. He also asked for continued Commission support for air medical access. The Health Commission would be helpful in encouraging other City departments to participate in planning and hospitals to continue their emergency response drills.

- Commissioner Monfredini said there is a greater chance of a natural disaster than a terrorist attack, and this planning and equipment is applicable to many types of disasters. The Health Commission can immediately support requests for critical equipment. However, it is important to remember that some situations cannot be planned for.

8) PUBLIC COMMENT/OTHER BUSINESS

- Michael Sullivan – 150 word summary submitted; see attached.

- Shirley Bierly, Senior Action Network and California Legislative Council for Older Americans, asked the Health Commission to find funding for the CHIPPS (Community and Home Injury Prevention Project for Seniors) Program. This program assists many people in San Francisco and allows seniors to maintain their independence. The program needs $145,500.

- Vittorio D'Angeli, Dimensions Clinic, said without the support of the Castro Mission Health Center, Dimensions would cease to exist. He urged the Health Commission to consider this when considering any budget cuts to Castro Mission.

Michael Sullivan, Item 8, Public Comment – Please request that the Board of the Laguna Honda Foundation reconsider its decision to suspend the work of the Foundation. I do not know why Louise Renne is shutting down the Foundation. I heard it's about the uncertainty of the hospital rebuild. The Foundation's mission goes well beyond the rebuild. The by-laws clearly state the purpose of the Foundation is to "support healthcare, including research and education at Laguna Honda Hospital." I'm sure there are many projects that need funding as we wait on the rebuild decision. Closure can't be about money, staff presented the Board with a solid, doable budget for FY 05-06. If the Foundation is suspended it may never get off the ground again. $325,000 in probable grants will not be given to a suspended foundation. I do not know the real reason the Foundation is being shut down. You will have to ask Louise Renne why.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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Department of Public Health

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AGENDA

HEALTH COMMISSION MEETING

Tuesday, June 7, 2005
at
3:00 p.m.
101 Grove Street, Room 300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. AT 101 GROVE STREET.

THE HEALTH COMMISSION WILL ACT ON THOSE CONSENT CALENDAR ITEMS THAT HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MAY 17, 2005**
**Minutes of the meeting of May 17, 2005*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner James M. Illig)

(3.1) **CHN-SFGH Radiology** – Request for approval of a contract modification with Aureus Radiology, LLC, a sole source contractor, to increase the contract amount by $60,000, from $40,000 to $100,000, to provide as-needed Digital Mammography Radiology screening services in a mobile van setting on behalf of San Francisco General Hospital's Avon Breast Center, for the period of October 1, 2004 through September 30, 2005.
** Contract summary*

(3.2) **CHN-Pharmacy** – Request for approval of two contract renewals with the following firms: Asereth Medical Services, Inc. and NOR-CAL Medical Temps, for a combined total amount of $2,400,000, to provide as-needed supplemental pharmacy personnel services to the Community Health Network, for the period of July 1, 2005 through June 30, 2007.
** Contract summary, Vendor's rate lists, Monitoring report summaries*

(3.3) **CHN-SFGH** – Request for approval of a renewal contract with Pharmaceutical Care Network, in the amount of $250,000, to provide third-party administrative services, and $2,300,000 in pass-through prescription dispensing fees to Rite Aid Corporation and AG Pharmacy, targeting indigent CHN clients and 12% contingency of $306,000, for the period of July 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report summary*

(3.4) **CHN-Jail Health Services** – Request for approval of a renewal contract with Haight Ashbury Free Clinics, Inc., in the amount of $3,379,504, to provide psychiatric and substance abuse treatment services targeting inmates in the San Francisco County Jail system, for the period of July 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.5) **SFGH-Health Information Systems** – Request for approval of a renewal contract with Deliverex, Inc., in the amount of $690,000, for the purpose of storing, retrieving and delivering medical records for San Francisco General Hospital's Health Information Services, Medical Staff Services and Radiology Departments, for the period of July 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report summaries and Response letter*

(3.6) **PHP-CHSS-TB Control** - Request for approval of a contract renewal with UCSF at San Francisco General Hospital, in the amount of $228,000, to provide physician and radiologist services to patients referred to the SFGH Tuberculosis Clinic, for the period of July 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.7) **PHP-MIS** – Request for approval of a renewal contract with Dataway, in the amount of $468,319, for the provision of Information Technology support services for the Department of Public Health, for the period of July 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report summary*

(3.8) **PHP-STD Prevention & Control** – Request for approval of a retroactive contract renewal with UCSF/Center for AIDS Prevention Studies, in the amount of $280,194, to provide Efficacy of Condom Skills randomized, controlled trial services targeting English speaking women and men who seek diagnostic SDT examination and treatment at the SF City Clinic with a new problem visit during the study period, for the period of November 1, 2004 through October 31, 2005.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.9) **PHP-Community Health Services** – Request for approval of a renewal contract with AmeriChoice, in the amount of $413,056, which includes a 12% contingency, to provide fiscal intermediary services to the Personal Assisted Employment Services, for dental services, for the period of July 1, 2005 through June 30, 2006.
**Contract summary, Monitoring report summary, Client demographic information form*

(3.10) **CBHS** - Request for approval of retroactive new contract with City College of San Francisco, in the amount of $100,800, to provide mental health/substance abuse training/certification services, for the period of July 1, 2004 through June 30, 2005.
** Contract summary, Monitoring report response request letter, Monitoring report summary, Client demographic information form*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **FOR DISCUSSION** **LAGUNA HONDA REPLACEMENT PROGRAM: CONTROLLER'S REPORT AND DEPARTMENTAL DATA**
(Mitchell H. Katz, M.D., Director of Health)
**Report*

6) **FOR DISCUSSION AND ACTION:** **CONSIDERATION OF A RESOLUTION AUTHORIZING THE LAGUNA HONDA HOSPITAL REPLACEMENT PROJECT TO PROCEED WITH THE EAST BUILDING**
(Michael Lane, Project Manager, Laguna Honda Hospital Replacement Project)
**Resolution*

7) **PUBLIC COMMENT/OTHER BUSINESS****

8) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

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San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmenta Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

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The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Adele Destro by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Ms. Destro or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm

Lee Ann Monfredini
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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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MINUTES

HEALTH COMMISSION MEETING

Tuesday, June 7, 2005
at
3:00 p.m.
101 Grove Street, Room 300
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1) CALL TO ORDER

The meeting was called to order by Commissioner Guy at 3:10 p.m.

Present:
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner James M. Illig
Commissioner David J. Sanchez, Jr., Ph.D. (left at 5:60 p.m.)
Commissioner Donald E. Tarver, II, M.D.
Commissioner John I. Umekubo, M.D. (arrived at 3:25 p.m.)

Absent:
Commissioner Edward A. Chow, M.D.
Commissioner Lee Ann Monfredini, President

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MAY 17, 2005

Action Taken: The Commission (Guy, Illig, Sanchez, Tarver) approved the minutes of the May 17, 2005 Heath Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Illig chaired and Commissioner Sanchez attended the Budget Committee meeting. Commissioner Guy attended the meeting through Item 3.4.

(3.1) **CHN-SFGH Radiology** – Request for approval of a contract modification with Aureus Radiology, LLC, a sole source contractor, to increase the contract amount by $60,000, from

$40,000 to $100,000, to provide as-needed Digital Mammography Radiology screening services in a mobile van setting on behalf of San Francisco General Hospital's Avon Breast Center, for the period of October 1, 2004 through September 30, 2005.

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Jo Robinson, the director of Jail Psychiatric Services, shared some of the JPS outcomes, in response to questions that commissioners raised when the Jail Health Report was presented in April. Ms. Robinson said the jail mental health program consists of diversion, treatment while in planning and discharge planning. In diversion, this year they admitted 51 clients into the Behavioral Health Court, and the BHC was one of four Behavioral Health Courts in the country selected to do an outcome study. With regard to treatment, this year JPS provided services to 5,000 people, with 32,000 follow up visits for these patients. Since 2002, there have been no deaths by suicide in the jail. With regard to discharge planning, during the last fiscal year they had a Social Security Administration staff person come into the jail on a weekly basis and begin the application process while the person is still in custody. There were 103 community placements from jail to community residential treatment program, and 390 inmates who went through CBHS access clinics.

Gregg Sass, DPH Chief Financial Officer, addressed the Haight Ashbury Free Clinics' (HAFC) fiscal issues. The issue has been and continues to be cash flow. The agency was a victim of alleged theft by the former CEO. Once that was discovered, the agency discovered additional financial problems. DPH regularly meets with HAFC representatives to closely monitor the situation. HAFC has done a great deal of work to develop a comprehensive turnaround plan to get the organization back on track. The plan includes governance restructure, hiring an interim CEO and CFO, providing weekly cash forecasts through June 2006, and most importantly working directly with DPH staff, including Jimmy Loyce, Barbara Garcia and Joe Goldenson, to plan for how the clients in their programs would be served in the event the agency does not survive. Should something happen, there would be a window of time in which to affect the transition.

Commissioners' Comments

- Commissioner Guy asked what would happen if HAFC did not contract with Jail Health Services in the future. Mr. Sass said it appears that the best approach in the event the agency is no longer in operation is to hire the staff currently providing the services as DPH employees. John Eckstrom, Interim CEO, said jail psychiatric services are an integral part of what they provide in terms of services and the organization wants to maintain that breadth. He would like to improve the connections between clients in the jail and the agency's community programs that are available when people get out of jail.

- Commissioner Illig said normally the Health Commission would feel less than confident with an organization that is having this much financial difficultly. It is because of Mr. Eckstrom's relationship with Mr. Sass that the Commission feels comfortable approving this contract. The Health Commission wants HAFC to succeed. He believes the agency is going to receive the support it needs from the community that has supported it throughout the past 30 years. The Commission expects continued good communication with DPH staff.

Public Comment

- Raymond Banks was in jail psych services last year and he thought they had a laissez-faire approach to sanitation at the jail. His concern is that the models sound impressive, but they need to pay attention to the nuts and bolts of the operation. There are people that cannot take care of themselves. Commissioner Illig urged Mr. Banks to also convey these concerns to the Sheriff, who is responsible for jail cleanliness.

(3.5) **SFGH-Health Information Systems** – Request for approval of a renewal contract with Deliverex, Inc., in the amount of $690,000, for the purpose of storing, retrieving and delivering medical records for San Francisco General Hospital's Health Information Services, Medical Staff Services and Radiology Departments, for the period of July 1, 2005 through June 30, 2006.

(3.6) **PHP-CHSS-TB Control** - Request for approval of a contract renewal with UCSF at San Francisco General Hospital, in the amount of $228,000, to provide physician and radiologist services to patients referred to the SFGH Tuberculosis Clinic, for the period of July 1, 2005 through June 30, 2006.

Commissioner Sanchez abstained from voting on this item.

(3.7) **PHP-MIS** – Request for approval of a renewal contract with Dataway, in the amount of $468,319, for the provision of Information Technology support services for the Department of Public Health, for the period of July 1, 2005 through June 30, 2006.

(3.8) **PHP-STD Prevention & Control** – Request for approval of a retroactive contract renewal with UCSF/Center for AIDS Prevention Studies, in the amount of $280,194, to provide Efficacy of Condom Skills randomized, controlled trial services targeting English speaking women and men who seek diagnostic SDT examination and treatment at the SF City Clinic with a new problem visit during the study period, for the period of November 1, 2004 through October 31, 2005.

Commissioner Sanchez abstained from voting on this item.

(3.9) **PHP-Community Health Services** – Request for approval of a renewal contract with AmeriChoice, in the amount of $413,056, which includes a 12% contingency, to provide fiscal intermediary services to the Personal Assisted Employment Services, for dental services, for the period of July 1, 2005 through June 30, 2006.

Commissioners' Comments

- Commissioner Sanchez asked if this program picked up any of the clients that were formerly served by the UC Dental Clinic at SFGH. Ms. Martinez replied that at the time of the closure she explored having community clinics serve the clients. This did not work out, and now she is analyzing the feasibility of having these clients served at Tom Waddell. The PAES program is for a specific population, and the dental needs of participants are severe and cannot be treated at DPH sites.

(3.10) **CBHS** - Request for approval of retroactive new contract with City College of San Francisco, in the amount of $100,800, to provide mental health/substance abuse training/certification services, for the period of July 1, 2004 through June 30, 2005.

Commissioners' Comments

- Commissioner Sanchez hopes that this program could rotate through the new student health center that City College is breaking ground on.

Commissioners' Comments (at Commission Meeting)

- Commissioner Tarver noted the overrepresentation of African Americans receiving Jail Health Services and asked for additional details about discharge planning and connections to community services. Dr. Goldenson said that discharge planning and transitional services for mental health programs have not been reduced, and continue through this contract. The discharge planning cuts that have been made over the past few years have been in medical services.

Public Comment

- Patrick Monette-Shaw – he would like to understand how people retroactively teach people to use condoms. This is not an effective use of DPH money.

Action Taken: The Commission (Guy, Illig, Sanchez, Tarver) approved the Budget Committee Consent Calendar, with the exception of Item 3.6 and Item 3.8.

Action Taken: The Commission (Guy, Illig, Tarver, Umekubo) approved Item 3.6 and Item 3.8 of the Budget Committee Consent Calendar.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., presented the Director's Report.

Budget Status Update

On May 31st, the Mayor released his FY 2005-06 Proposed Budget. Improved financial performance City wide made it possible for the Mayor to restore many of our proposed reductions and avoid many of most significant service reductions. In addition, new funding was added including $4.5 million in COLAs for nonprofit contractors (including UC), an additional $1.5 million in structural fixes for the UC contract, and $6.9 million in new capital projects. Due to the improvements in the City's finances, no cuts were made to primary care, public health or home nursing, residential substance abuse, or mental health services.

Financial savings that remain include $3.2 million to be recovered from restructuring outpatient Substance Abuse services to reduce per unit cost and increase available methadone slots; $1 million for AIDS practical support programs; $0.4M for AIDS prevention programs; $1.5 million in pharmacy co-pay for persons without general assistance; $1.0 million from closure of the Workers Compensation Clinic at SFGH; and $0.3 million for closure of the Dialysis unit at SFGH. In addition, the budget included the annualized reductions that were taken mid-year totaling $7.6 million.

Following issuance of the Mayor's budget proposal, an error was identified in the amounts budgeted for AIDS grants for the prior year (2004-05). Correction of that error reduced the reported reduction in AIDS grant expenditures from $12 million to $3 million.

The Beilenson Hearing is scheduled for the June 21st meeting of the full Board of Supervisors. The hearings to review the Health Department budget will be heard by the Budget and Finance Committee on June 20th and June 27th.

AB631 Update

AB 631, also known as the mobile methadone bill, passed off the Assembly Floor 65-3 and now proceeds to the senate. AB631 will create a category of licensure for mobile methadone maintenance treatment programs (MMT) in California. If passed, AB631 this will enable us to receive MediCal reimbursement for services provided. Approximately 21 % of the MMT clients are MediCal beneficiaries but SFDPH assumes the full cost of their treatment. This is because the Department's methadone van is operating as a temporary pilot project authorized by the State and federal Drug Enforcement Agency, but without formal State licensure. AB 631 will not only remedy this issue in San Francisco, but also expand access to MMT statewide.

SFGH Rebuild Blue Ribbon Committee

Members of the Mayor's Blue Ribbon Committee on San Francisco General Hospital's Future Location met for the first time last week at the San Francisco Foundation Offices. The Committee's charge is to make a recommendation to the Mayor, this Health Commission and the Board of Supervisors on where SFGH should be rebuilt. Gene O'Connell presented an overview of SFGH, its role as both a community hospital and a Level 1 Trauma Center and the highlights of the population it serves. The committee then reviewed the body of work that has already been done and began a discussion on the unique characteristics that both UCSF and SFGH bring to this challenge. Dr. Edward Chow is a member of the Committee representing this Health Commission. The committee will be meeting again on June 30 and continue its discussion of the major issues that need to be addressed.

Mental Health Services Act

Last week the State Department of Mental Health released estimates on the probable allocation from the Mental Health Services Act (formerly Prop 63) for the portion of funding that would support the clinical services expansion. San Francisco was formulated to receive far less than what had been preliminarily projected--$5,332,900 verses the anticipated amount of more than $10 million. This estimate is 55% of the totals that will be allocated, so San Francisco's total per year will be closer to $10 million rather than the anticipated $20 million or more. Efforts are underway with the Mayor's office and our lobbyists in Sacramento to see if anything can be done to change to allocation.

It appears that San Francisco was under-funded due to the high portion of general fund and high use of state and federal grants that fund behavioral health services. The estimate also failed to account for a number of other significant factors for San Francisco and the Bay Area:

- The high cost of living influence on service delivery in the Bay Area. The State used 200% or below of the poverty level as the measure of the poverty population. The recommended percentage is 300% - 400%, which would help the Bay Area.
- The large number of people who come to San Francisco for services that were not provided in their original places of residence.
- The impact these individuals contribute to our growing homeless population.
- The additional costs involved in providing culturally, ethnically, and linguistically sensitive services. These are the majority of services already being provided and will need to be continued.

Project Homeless Connect 5

Project Homeless Connect (PHC) held its fifth event on June 3rd at Bill Graham Civic Auditorium. Nine hundred eighty seven (987) homeless clients were seen that day; 123 received medical services, 40 were referred to mental health and substance abuse services, 28 people were tested for HIV, 50 people were referred to methadone treatment, 31 were placed in stabilization housing, 51 people were put in shelter, 94 people received legal counseling, 90 received CAAP services, 84 people received SSI counseling, 150 people received eye exams, 53 people received eyeglasses and 6 wheelchairs were stripped down and repaired.

Deloitte and Touche assisted with this event by donating thousands of sweatshirts and socks for homeless clients. They also provided 900 volunteers, along with the 850 regular community volunteers. Project Homeless Connect is an inspiring event where private individuals, community agencies, private companies, the mayor's office and city and county providers work together to help connect the homeless to services.

The next event is on August 4, 2005. If people are interested in volunteering please sign up on the website at www.projecthomelessconnect.com.

Universe Within Investigation

During the past two weeks the Department has been investigating an exhibit at the Masonic Auditorium. The exhibit shows dead bodies that have been plastinated. The process of plastinating human bodies involves sterilizing the body, injecting it with silicon, and then letting the bodies cure for a 6-month period.

Although exhibits of plastinated bodies can be a legitimate method of teaching people about the human body, there are several problems with this particular exhibit. The biggest problem is that it does not appear that the individuals whose bodies are being exhibited gave their consent for their bodies to be used in this way. Second, the bodies are dripping silicon, which they should not be doing. We do not believe that the dripping represents a health hazard. Cultures of the fluid have been negative. Nonetheless, we have required that the exhibitors rope off the bodies so that the public will not try to touch them.

Supervisor Ma will be introducing legislation to require full consent of the person or their immediate family prior to their body being exhibited in this way in San Francisco.

George Lau appointed to Fire Commission

Dr. Katz congratulated George Lau, accountant at 1380 Howard and treasurer of Local 21, who has been appointed to the Fire Commission by Mayor Newsom. He was sworn in May 25.

Southeast Community Facility Commission
On May 25, 2005 Dr. Katz gave testimony at the Southeast Community Facility Commission about the health issues in the Bayview Hunter's Point Neighborhood. Former Health Commissioner Dr. Harrison Parker was present and recommended that the Health Department sponsor Health Fairs in the Bayview to promote prevention themes. Dr. Katz thought this was an excellent idea and the Southeast Community Facility Commission agreed to co-sponsor with the Health Department a Health Fair focused on increasing exercise. He will alert the Commission as soon as there is a date.

Jefferson Award
Dr. Dan Wlodarczyk, director of Southeast Health Center and long-time DPH employee, was recently recognized by the San Francisco Chronicle, KCBS radio and CBS Channel 5, to receive the Jefferson Award for Public Service. The Jefferson Awards were begun in 1972 by Mrs. Jacqueline Kennedy, to honor individuals at both a national and a local level for their community and public service. On a local level, Jefferson Awards recipients are ordinary people who do extraordinary things without expectation of recognition or reward.

Commissioners' Comments

- Commissioner Illig is pleased that, for the most part, the programs that the Commission said should not be cut were kept whole. He is particularly interested that the CHIPPS program was funded, and that there is new money for supportive housing for seniors. He congratulated Dr. Wlodarczyk, who served for a time on the board of Project Open Hand. He is an amazing individual.

- Commissioner Umekubo asked if anyone in the United States is allowed to plastinate. Dr. Katz said the bodies were plastinated in China, and were brought in through customs. Dr. Katz does not think there are any rules about who in the United States would be able to plastinate and no one in the U.S. does it.

- Commissioner Guy said that the Health Commission might need to consider rescheduling its June 21st meeting to accommodate the Board of Supervisors Beilenson Hearing. She also said the joint conference committee should discuss and monitor the restructuring and rebidding of the substance abuse services. She has some concerns about "one shoe fits all" in terms of the expansion of methadone. Dr. Katz said that if the cuts remains in the budget, the Department will convene a meeting of all the existing service providers and those who wish to be service providers, and pose to them what we're trying to achieve and here their ideas.

5) LAGUNA HONDA REPLACEMENT PROGRAM: CONTROLLER'S REPORT AND DEPARTMENTAL DATA

Dr. Katz introduced Ed Harrington, the City Controller, and asked him to provide a summary of the report he recently issued. Mr. Harrington said that his office prepared the report at the Mayor's request, and looked at a variety of options for rebuilding Laguna Honda Hospital. He concluded that there are only two options worth considering:

Option 1 – Use all reasonably available funds to complete a 1,200 bed skilled nursing facility at Laguna Honda.

Option 2 – Use most funds to complete three buildings at Laguna Honda with 780 skilled nursing beds and use the remaining funds plus operational savings to purchase other long-term care services in assisted living, supportive housing, home care or other community-based settings. Total people served under this option would exceed 1,800.

Mr. Harrington reviewed the funds that are currently programmed for the rebuild project, which are General Obligation Bonds, Tobacco Settlement funds and other (primarily interest), for a total project budget of $401 million. There are two new sources of funding available to the project. The first is to issue Certificates of Participation (COPs) to be repaid using federal revenue available through SB1128. The second is to use the next $100 million of tobacco settlement funds for construction, in addition to the $92 million in settlement funds that have already been received.

Option 1 would use the $629 million in funding to cover the most probable cost estimate for a 1,200 bed skilled nursing facility ($600 million to $640 million). Option 2 would use $482 million to complete the first three buildings with 780 skilled nursing facility beds, and use $59 million to build 235 assisted living and/or supportive housing beds at Laguna Honda. In addition, funds would be available to pay for the annual cost of care for another 790 individuals in various community-based settings.

Commissioners' Comments

- Commissioner Illig asked if the $120 million in COPS was based on 780 beds or 1,200 beds. Mr. Harrington replied that it is based on the debt services, which is $299 million regardless of what type of facility is built. Commissioner Illig asked if other counties building SNF facilities have used SB 1128. Dr. Katz said SB 1128 was modeled after a successful bill, which has now closed, that allowed several acute care hospitals to rebuild. SB 1128 was specific to San Francisco and San Diego. Commissioner Illig asked if the funding that Senator Feinstein obtained for Laguna Honda assisted living planning is still available. Mr. Lane said the HUD grant money is available for assisted living and is valid until September 2007. Commissioner Illig asked if there is any time period in which a decision needs to be made, separate from approving moving forward with the third building. Mr. Harrington would like decisions so that the project could issue debt next year and not lose the chance to repay itself.

- Commissioner Umekubo asked if San Francisco has the community capacity to serve the people who are not served at Laguna Honda. Mr. Harrington said there are several options for caring for these people, and providers in the community have indicated that the capacity is either currently available or could be in the future.

- Commissioner Tarver said the estimates were rather high in terms of cost per bed. He asked if the Controllers' Office would independently evaluate these costs. Mr. Harrington said they intentionally used the higher, more conservative, cost estimate. Many people thought it likely that people coming from Laguna Honda Hospital into a different level of care would require the higher level of services.

- Commissioner Guy asked if operating costs would be available, and how people could be sure that the money that might be saved building assisted living beds rather than SNF beds would be used for community services. Mr. Harrington said they would set up a trust fund to serve at least 1,200 people for the next 25 years. The remainder of the money is somewhat up to goodwill.

- Commissioner Illig asked if a consultant is preparing another study of Laguna Honda Hospital. Mr. Harrington replied that a consultant, in conjunction with DPH and the Controller's Office, is doing a report on long-term care in San Francisco. It is a more global report but will certainly inform decisions around Laguna Honda. This report should be finished in the middle of June.

Mitchell H. Katz, M.D., continued the presentation by focusing on the implication of the report for the Health Department and the Health Commission. Based on the report, the Health Commission should assume that:

1) There is enough money to build at least 780 beds (plus the 50% contribution to the 140 units of assisted living, and the adult day health center envisioned in the bond).

2) It is possible to use certificates of participation and the tobacco funds to build the entire 1200 beds initially envisioned.

3) The major policy question for the Health Commission is whether to build the full 1200 beds or use the money saved by building and operating only 780 beds to increase other types of community-based long-term care (e.g., board and care, assisted living, supportive housing, and independent living).

Making this decision will require review of detailed information. Some of this data is available for today's presentation. The information not available will be presented at a future meeting. Data required for decision making includes, at a minimum:

1) Laguna Honda Hospital (LHH)
   - Available services
   - Census
   - Resident characteristics
   - Where patients are admitted from
   - Where patients are discharged to
   - Ability and preferences of existing residents and residents who would be entering LHH to be cared for in the community
   - Projections of need versus supply of skilled nursing beds for the future
   - Costs (present and future) of operating LHH

2) Community-based long-term care
   - Available services
   - Census of different community providers
   - Client characteristics
   - Costs
   - Obstacles to expansion
   - Projection of needs and supply of services

With regard to decision timing, Dr. Katz said that the City does not need to make an immediate decision about whether to build 780 or 1,200 beds because the final 420 beds cannot be build until Clarendon Hall is demolished, which is projected to be in 2009. However to maximize the repayment using SB 1128 a decision to go forward with the 1,200 beds should be made by December 2005.

the Targeted Case Management (TCM) Program, which has been in operation since March 2004. To date, all residents at Laguna Honda have been screened by the TCM Program and approximately 80 percent are candidates for being discharged to a community setting. However, this does not mean that these residents wish to be discharged or that the appropriate community resource exists at the current time.

Dr. Katz reiterated that this is just the initial discussion, and there are many questions that need to be answered and data that must be obtained.

Public Comment

- Sandy O'Neill, member of Board of Directors of San Francisco Independent Living Center, and member of the Long Term Care Community Advisory Board, said TCM came out of a civil rights challenge, assisted living is not about "beds," but rather about living. We're talking about more people being locked up at Laguna Honda Hospital. Many patients want to leave Laguna Honda Hospital. ILRC-SF supports neither Option 1 nor Option 2, but urges the Commission to consider other options in consultation with other appropriate groups and agencies.

- Howard Chabner has an elderly relative at Laguna Honda Hospital who has in general received excellent care there. He urged the Health Commission to approve rebuilding Laguna Honda with the full 1,200 beds. The voters approved the bond based on their agreement that San Francisco needs 1,200 long-term care beds.

- Patrick Monette-Shaw said the Controller's report is riddled with errors. In addition, if the number of SNF beds is reduced, so is the revenue from SB 1128. The tobacco settlement revenue account is the trust fund for this project. He feels it is a fait accompli that there would only be 780 beds.

- Jennifer Walsh spoke in support of option 2, which serves 1,000 more people in community settings. San Franciscans do not need more skilled nursing care, but rather assisted living and other independent living arrangements. People at Laguna Honda Hospital want to move out but are afraid of the process. Please support Option 2.

- Elissa Berrol said she has friends, family members, lovers and coworkers who have disabilities and she has taken it for granted that they could live independently. Some people need SNF beds, but if we increase funding for assisted living beds and other community options, more people could live independently. By voting for Option 2, the Health Commission votes for independence.

- Sandy Mori, member of the Long Term Care Coordinating Council and Laguna Honda Rebuild Committee, said it is wonderful to have a dialogue around this important policy issues. The long-term care community is excited about Option 2, and she urges the Commission to evaluate this carefully. She also urged the Commission to involve the Department of Aging and Adult Services in these discussions.

- Elissa Gershon, staff attorney at Protection and Advocacy, commended San Francisco for setting up the Targeted Case Management Program and for considering in the discussion of the Laguna Honda rebuild the issue of community services. These discussions must go hand in hand—for every SNF bed that is not built, what additional community services could be the Laguna Honda rebuild the issue of community services. These discussions must go hand in hand—for every SNF bed that is not built, what additional community services could be funded? They do believe that, in addition to Option 1 and Option 2, the Health Commission should be looking at other alternatives, such as not even building 780 beds.

- Elizabeth Boardman, member of the Long Term Care Coordinating Council, urged the Commission to evaluate a proposal she submitted regarding a day health housing model (on file in the Health Commission Office). This is a very interesting alternative and exists in one form in San Francisco at On Lok. She is very sympathetic with the proposed Option 2. As she understands it, there is no funding for assisted living for people who are poor. This needs a legislative remedy.

- Brian Uyeno, employee at Laguna Honda Hospital, said he worked hard to pass Proposition A in 1999 for two reasons. First, to protect his job. But more importantly he wanted the hospital rebuilt because the city needs it—the people need it. In 1999, DPH did a study that indicated San Francisco would need more than 1,200 beds. No study has been done that proves otherwise. He hopes the Health Commission maintains its commitment to a 1,200 bed facility.

- Oletha Hunt, employee at Laguna Honda Hospital, is concerned that the hospital is being treated like something that can be thrown around with no concern about the people who live there. It is not fair to the patients. People work hard at Laguna Honda for the patients. There is no place better than Laguna Honda. They do not want to keep people at Laguna Honda who do not want to be there. They want to discharge patients.

- Perpie Magdaloyo, an employee at Laguna Honda Hospital, worked hard to pass Proposition A in 1999 because she wants to know that Laguna Honda would be available for her and other San Franciscans when they need it. She urged the Health Commission to support the 1,200 beds that the voters passed.

- Kim Tavaglione, United Healthcare Workers, said the Asian community has always been very committed to taking care of their extended families in their own homes. In the United States, this is not always possible and Laguna Honda is going to be an alternative that is much more utilized by the Asian community. Caring for elders is a daunting task. Furthermore, San Franciscans are not having children, so there will not be as many people to take care of them. San Francisco should build a 1,200-bed, world class SNF.

- Gloria Watts, employee at Laguna Honda Hospital, said she campaigned for Proposition A in 1999 and told voters that the hospital would be built for San Franciscan who needed care. They give great care to all who need it. They need 1,200 beds.

- John Kosinsky, United Healthcare Workers West, said there have already been many discussions and research, prepared by DPH, that showed there should be 1,200 beds at Laguna Honda, but yet again we are engaged in the discussion about how big the hospital should be. His union wholeheartedly supports community care, but not at the expense of other people who need care. It is our responsibility to build a Laguna Honda that is there for people who need it. The longer the decision around Laguna Honda hospital takes, the harder it will be to rebuild San Francisco General Hospital.

snake pits, and this is not the case at Laguna Honda. Laguna Honda is a jewel. The public is going to lose faith and will not vote to rebuild SFGH.

- Linda Abullarade, employee at Laguna Honda Hospital, said the staff at Laguna Honda strive to make residents a part of the community, and needs to be rebuilt at 1,200 beds.

- Donna Calame, executive director of IHSS Public Authority, would hope that the care at Laguna Honda is better than other facilities, because it gets twice a much as a community SNF, plus a $100/day patch. So it would be a shame if they did not provide a greater level of care. She is committed to expanding homecare services. It means so much to people with disabilities to remain in the community. Institutionalization of disabled people is wrong. There has not been enough community discussion about community alternatives.

Commissioners' Comments

- Commissioner Illig commended Dr. Katz for involving others in this discussion, including the Long Term Care Coordinating Council, and added the Mayor's Disability Council to the list. He asked Dr. Katz where the Department stands with the Nursing Facility waiver, which is referred to in the TCM reports. Dr. Katz said there has been some confusion around the TCM report, and clarified that report says that 80 percent of the residents at LHH have been assessed as not needing to be in Laguna Honda Hospital and to be able to be discharged into community based care, assuming that was their preference and that the care was available. It is not accurate to say that 80 percent of Laguna Honda residents do not need skilled nursing care. The Nursing Facility Waiver is a State program that enables an enriched service array, especially around home nursing and attendant care. People who without the waiver would not be able to live outside of Laguna Honda could possibly do so with the waiver. The State currently has a waiting list. DPH wants to continue to add people to the waiting list to put appropriate pressure on the State to enable additional people to join the program.

- Commissioner Tarver would like to see a summary of the waiver applications in terms of level of need and, if the waivers were granted, where they would be served.

- Commissioner Illig commented that some of the factors that are new since 1999 are the Olmstead Act and two visits for the Department of Justice. These issues have to be fully presented and discussed in terms of implications for the future. The Health Commission needs to fully examine how San Francisco can provide more services to more people, both on the Laguna Honda campus and off.

- Commissioner Tarver would like additional distinctions of patients at Laguna Honda, and their disparate needs.

- Commissioner Umekubo said it is appropriate to re-examine assessments that were done six years ago. His concern is that the types of patients that are going to grow in the future are those with Alzheimer's disease and we need the ability to care for these individuals in facilities from which they cannot get out. He asked for additional information on PACE—Program for All-Including Care for the Elderly. Dr. Katz said On Lok was the model program, but other programs have developed. The typically are adult day healthcare, some include a housing component, although the majority of clients are in independently living outside of On Lok. His understanding is that capacity could grow in this area. The limitations around PACE include availability of housing, income and change of providers. It has the ability to take care of people with extensive needs.

- Commissioner Tarver said Community Behavioral Health Services should be brought in to discussions about different models of care for people who live in skilled nursing facilities, in community care and other areas. People have a range of needs.

- Commissioner Guy asked that Health at Home be involved in the rebuild discussions as well. She supports paying attention to the language in the report, and clearly stating that the need for a skilled nursing facility does not always equate with being elderly. She asked what the appropriate process and timeline is for discussion and decision, and wants the Laguna Honda Hospital Joint Conference Committee to be involved. Dr. Katz said the August 16th meeting would work well for presenting the additional information necessary to decision making. Commissioner Guy said there would be many discussions around this. The Commission clearly understands how important this is to the community. She welcomed any additional information from the public.

- Commissioner Tarver thanked the public for coming to the meeting. The Health Commission pays attention to, and is moved by, public comment.

6) CONSIDERATION OF A RESOLUTION AUTHORIZING THE LAGUNA HONDA HOSPITAL REPLACEMENT PROJECT TO PROCEED WITH THE EAST BUILDING

Michael Lane, Project Manager, Laguna Honda Hospital Replacement Project, presented a resolution authorizing the Laguna Honda Hospital Replacement project to proceed with the construction of the East Building in addition to the South and Link Buildings, for a total of 780 beds.

On March 29, 2005, the Health Commission approved Resolution 05-05 allowing the City to proceed with the construction of the South and Link Buildings and any associated work with no scope reductions. Since that time, the City Controller prepared a report outlining options for how to proceed with the replacement of the hospital. The Controllers' report indicates that there is enough funding to build at least 780 beds, and both options proposed by the Controller specify proceeding with the South, Link and East buildings.

> Action Taken: The Commission (Guy, Illig, Tarver, Umekubo) approved Resolution 08-05 "Concurring With the Recommendation to Proceed with the Construction of the East Building at Laguna Honda Hospital," (Attachment A).

7) PUBLIC COMMENT/OTHER BUSINESS

- Howard Chabner recounted an incident where an able bodied woman assaulted an elderly patients. This woman put the entire ward of elderly ladies at risk, and required a large amount of nursing care that could have gone to other patients. Cal OSHA remains concerned about safety and the DOJ is concerned. All of these problems are a direct result of the flow project.

- Shawn Allemby spoke on behalf of her mother, Fran Allemby, and her experience working with staff at SFGH Emergency Psychiatric Services. She protests SFGH's conversing her mother because her mother has children who are willing and able to care for her and do not want her to be sent away to a locked facility. She is currently seeking probate conservatorship over her mother. She is very disappointed about how she and her mother have been treated. She submitted a copy of her testimony (on file in the Health Commission Office)

- Darryl Jones said she has been a target of the police syndicate for 17 years. The hospitals have abused her over and over. Recently she was subject to an illegal 5150. She is concerned about the way the community is run, and the mental health facilities.
- Patrick Monette-Shaw read from page 12 of his report regarding his lawsuit that is currently in appeals court and other issues. Building fewer than 1,200 beds is a bait and switch. The Health Commission and Board of Supervisors should stop playing politics with Laguna Honda.

8) ADJOURNMENT

The meeting was adjourned at 6:20 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

Attachment (1)

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be reflected in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

HEALTH COMMISSION
City and County of San Francisco
Resolution No. 08-05

Concurring With The Recommendation To Proceed With The Construction Of The East Building at Laguna Honda Hospital

WHEREAS, the Health Commission at its March 29, 2005 meeting approved Resolution No. 05-05 concurring with the Department of Public Works' recommendation that the City proceed with the construction of the South and Link Buildings and any associated work with no scope reductions; and,

WHEREAS, the Controller of the City and County of San Francisco, at the request of the Mayor, prepared a report outlining options for how to proceed with the Replacement of Laguna Honda Hospital; and,

WHEREAS, the Controller's report identified additional funding sources; and

WHEREAS, the Controller's report outlined two options for proceeding with the replacement of Laguna Honda, both of which include proceeding with the South, Link and East Buildings for a total of 780 beds; and,

WHEREAS, the Department of Public works has solicited competitive bids for the East Building; and,

WHEREAS, the Department of Public works recommends proceeding with the East Building based on the availability of additional funds; and now therefore be it,

RESOLVED, that the Health Commission of the City and County of San Francisco concurs with the Department of Public Works' recommendation to proceed with the construction of the East Building in addition to the South and Link Buildings for a total of 780 beds.

I hereby certify that the San Francisco Health Commission at its meeting of June 7, 2005 adopted the foregoing resolution.

Michele M. Seaton
Executive Secretary to the Health Commission

Attachment A

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Commissioner

Donald E. Tarver, II, M.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

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AGENDA

SPECIAL HEALTH COMMISSION MEETING

Tuesday, June 21, 2005
at
1:00 p.m.*
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

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THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 12:00 P.M. AT 101 GROVE.

THE HEALTH COMMISSION WILL ACT ON THOSE CONSENT CALENDAR ITEMS THAT HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

***PLEASE NOTE CHANGE IN MEETING TIME**

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JUNE 7, 2005**
**Minutes of the meeting of June 7, 2005*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner James M. Illig)

(3.1) **CHN-SFGH & LHH Facilities** - Request for approval of sixteen contracts with the following thirteen firms: A & B Mechanical, Inc., Agbayani Construction, Inc., Anderson Carpet & Linoleum Sale Co., Inc., Angotti & Reilly Inc., Bay City Boiler & Engineering Co., Inc., City Mechanical, Inc., Floortrends Inc., McClure Electric, Inc., Robert Poyas, Inc., Rubecon General Contracting, Inc., Sierra Electric Co., The Shooter Co. and Yerba Buena Engineering & Construction, in the combined amount of $2,678,000, to provide the Community Health Network intermittent, as-needed facility maintenance services above baseline civil service staffing, for the period of July 1, 2005 through June 30, 2007.
** Contract summary, List of vendor's rates, Monitoring report summaries*

(3.2) **CHN-SFGH Nursing Operations** - Request for approval of four contract renewals with HRN Services, Inc., Medstaff, Inc., Nurse Providers, Inc. and United Nursing International and two new contracts with Agostini Medical Staffing and Arcadia Health Services, Inc., in the amount of $2,700,000, to provide supplemental, temporary Per Diem and Traveling nursing personnel services for San Francisco General Hospital Medical Center, for the period of July 1, 2005 through June 30, 2006.
** Contract summary, List of vendor's rates, Monitoring report summaries*

(3.3) **CHN-SFGH Radiology** - Request for approval of two contract renewals with Medical Contracting Services and The Registry Network, Inc. and new contracts with On Assignment Healthcare Staffing, Platinum, Select, LP and RTP Hospital Staffing in the amount of $1,200,000 to provide intermittent, as-needed, professional services of Per Diem and Traveling Radiology Technologists with on-call availability 7 days a week for San Francisco General Hospital, for the period of July 1, 2005 through June 30, 2006.
** Contract summary, List of vendor's rates, Monitoring report summaries*

(3.4) **CHN-Health Information Services** – Request for approval of two contract renewals with the following firms: Mediscript Medical Transcription and Pacific Medical Transcription and a new contract with California Medical Transcription Corporation, for a combined total amount of $551,177, to provide intermittent, as-needed medical transcription services for San Francisco General Hospital, for the period of July 1, 2005 through June 30, 2006.
** Contract summary, List of vendor's rates, Monitoring report summaries, Response letters*

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Ark of Refuge, Inc	$225,000	$27,000	$252,000
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Asian Pacific Islander Wellness Center	$128,925	$15,471	$144,396
Bay Area Young Positives	$185,501	$22,260	$207,761
Black Coalition on AIDS	$83,160	$9,979	$93,139

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Continuum HIV Day Services	$211,683	$25,402	$237,085
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Iris Center	$255,000	$30,600	$285,600
Larkin Street Youth Center	$141,076	$16,929	$158,005
Mission Neighborhood HC	$281,670	$33,800	$315,470
Mission Neighborhood HC	$234,630	$28,156	$262,786
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Native American AIDS Project	$233,649	$28,038	$261,687
New Leaf	$364,286	$43,714	$408,000
Shanti Project	$984,306	$118,117	$1,102,423
Tenderloin AIDS Resource Center	$489,600	$58,752	$548,352
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Subtotal	**$6,878,546**	**$825,424**	**$7,703,970**

State-Funded Contracts (July 1, 2005 through June 30, 2006)

Agency	**State Amount**	**12 % Contingency**	**Total Amount**
San Francisco AIDS Foundation	$289,427	$34,731	$324,158
San Francisco AIDS Foundation	$237,369	$28,484	$265,853
Stop AIDS Project	$389,759	$46,771	$436,530
Subtotal	**$916,555**	**$109,986**	**$1,026,541**

Contracts with General Funds (July 1, 2005 through June 30, 2006)

Agency	**General Fund Amount**	**12 % Contingency**	**Total Amount**
Asian Pacific Islander Wellness Center	$141,708	$17,050	$158,758
Larkin Street	$173,000	$20,760	$193,760
St. James Infirmary	$135,616	$16,274	$151,890
SF LGBT Community Center	$150,000	$18,000	$168,000
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**Contract summary*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **FOR DISCUSSION AND ACTION:** **CONSIDERATION OF A RESOLUTION OPPOSING THE PROPOSED MEDI-CAL RESTRUCTURE**
(Gregg Sass, DPH Chief Financial Officer)
**Report and Resolution*

6) **FOR DISCUSSION AND ACTION:** **CONSIDERATION OF A RESOLUTION APPROVING THE HOMELESS DEATH COUNT FORM**
(Anne Kronenberg, Deputy Director of Health)
******Resolution*

7) **PUBLIC COMMENT/OTHER BUSINESS****

8) **ADJOURNMENT**

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor
Department of Public Health

Lee Ann Monfredini
President

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REVISED AGENDA

SPECIAL HEALTH COMMISSION MEETING

Tuesday, June 21, 2005
at
1:00 p.m.*
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

1/05
cial
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THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 12:00 P.M. AT 101 GROVE.

THE HEALTH COMMISSION WILL ACT ON THOSE CONSENT CALENDAR ITEMS THAT HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

***PLEASE NOTE CHANGE IN MEETING TIME**

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JUNE 7, 2005**
**Minutes of the meeting of June 7, 2005*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner James M. Illig)

(3.1) **CHN-SFGH & LHH Facilities** - Request for approval of sixteen contracts with the following thirteen firms: A & B Mechanical, Inc., Agbayani Construction, Inc., Anderson Carpet & Linoleum Sale Co., Inc., Angotti & Reilly Inc., Bay City Boiler & Engineering Co., Inc., City Mechanical, Inc., Floortrends Inc., McClure Electric, Inc., Robert Poyas, Inc., Rubecon General Contracting, Inc., Sierra Electric Co., The Shooter Co. and Yerba Buena Engineering & Construction, in the combined amount of $2,678,000, to provide the Community Health Network intermittent, as-needed facility maintenance services above baseline civil service staffing, for the period of July 1, 2005 through June 30, 2007.
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**Contract summary*

(3.12) **SFGH** – Request for approval to accept and expend a HRSA grant from the California Department of Health Services TB Control Unit in the amount of $995,759 for Bioterrorism Preparedness and Dual Use Project for Regional Civil Detention of Persistently Non-Adherent Tuberculosis Patients for the period of June 1, 2005 to January 1, 2013.
**Memo, Grant Information Form*

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(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **FOR DISCUSSION AND ACTION:** **CONSIDERATION OF A RESOLUTION OPPOSING THE PROPOSED MEDI-CAL RESTRUCTURE**
(Gregg Sass, DPH Chief Financial Officer)
**Report and Resolution*

6) **FOR DISCUSSION AND ACTION:** **CONSIDERATION OF A RESOLUTION APPROVING THE HOMELESS DEATH COUNT FORM**
(Anne Kronenberg, Deputy Director of Health)
**Resolution*

7) **PUBLIC COMMENT/OTHER BUSINESS****

8) **ADJOURNMENT**

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MINUTES

SPECIAL HEALTH COMMISSION MEETING

Tuesday, June 21, 2005
at
1:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

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1) CALL TO ORDER

President Monfredini called the meeting to order at 1:20 p.m.

Present:	Commissioner Lee Ann Monfredini, President Commissioner Roma P. Guy, M.S.W., Vice President Commissioner Edward A. Chow, M.D. Commissioner James M. Illig Commissioner David J. Sanchez, Jr., Ph.D. Commissioner Donald E. Tarver, II, M.D. Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JUNE 7, 2005

Action Taken: The Commission approved the minutes of the June 7, 2005 Heath Commission meeting. Ms. Seaton said a few grammatical and spelling corrections would be made.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Illig chaired and Commissioner Sanchez and Commissioner Chow attended the Budget Committee meeting.

(3.1) **CHN-SFGH & LHH Facilities** - Request for approval of sixteen contracts with the following thirteen firms: A & B Mechanical, Inc., Agbayani Construction, Inc., Anderson Carpet & Linoleum Sale Co., Inc., Angotti & Reilly Inc., Bay City Boiler & Engineering Co., Inc., City Mechanical, Inc., Floortrends Inc., McClure Electric, Inc., Robert Poyas, Inc., Rubecon General Contracting, Inc., Sierra Electric Co., The Shooter Co. and Yerba Buena Engineering & Construction, in the combined amount of $2,678,000, to provide the Community Health Network intermittent, as-needed facility maintenance services above baseline civil service staffing, for the period of July 1, 2005 through June 30, 2007.

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Commissioners' Comments

- Commissioner Sanchez asked how the Moore Grant and other programs are increasing the supply of nurses so that the use of registry could be minimized. Ms. Digdigan said part of their recruitment strategy is to get nurses from wherever they can. They have unit clerks, CNAs and LVNs who are going to nursing school. They continually take high school students on hospital tours. Leslie Holpitt has good liaisons with deans of colleges and schools of nursing.

- Commissioner Illig asked if the RFP specified the rates. Ms. Digdigan replied that all of the rates were set at the same level. Commissioner Illig asked if the Budget Analyst's recommendation that this contract be reduced has an impact on this contract. Mr. Sass replied that the Budget Analyst is suggesting that if a certain percentage of vacancies are filled, registry could be reduced. Mr. Sass said it is unlikely this will happen, and the Department will likely use the entire contract. He noted that next year's budget request for registry is less than the current year's budget.

(3.3) **CHN-SFGH Radiology** - Request for approval of two contract renewals with Medical Contracting Services and The Registry Network, Inc. and new contracts with On Assignment Healthcare Staffing, Platinum, Select, LP and RTP Hospital Staffing in the amount of $1,200,000 to provide intermittent, as-needed, professional services of Per Diem and Traveling Radiology Technologists with on-call availability 7 days a week for San Francisco General Hospital, for the period of July 1, 2005 through June 30, 2006.

Commissioners' Comments

- Commissioner Chow asked how likely it is that the radiology positions would be filled. Roland Pickens said they rely on the registries to meet their staffing requirements. They hope to fill the vacant positions, but this is contingent upon SFGH staying competitive in the marketplace.

(3.4) **CHN-Health Information Services** – Request for approval of two contract renewals with the following firms: Mediscript Medical Transcription and Pacific Medical Transcription and a new contract with California Medical Transcription Corporation, for a combined total amount of $551,177, to provide intermittent, as-needed medical transcription services for San Francisco General Hospital, for the period of July 1, 2005 through June 30, 2006.

(3.5) **AIDS OFFICE-HIV Prevention** - Request for approval of the FY 2005-2006 Federal Centers for Disease Control and Prevention (CDC), State of California (State), and General Fund (GF) funding for new HIV Prevention Services Targeting HIV Positive and HIV Negative Populations contracts, for a combined total of $11,515,415 for the period of July 1, 2005 through December 31, 2006 for CDC contracts and July 1, 2005 through June 30, 2006 for State and GF contracts.

CDC-Funded Contracts (July 1, 2005 through December 31, 2006)

Agency	CDC Fund Amount	12 % Contingency	Total Amount
Ark of Refuge, Inc	$225,000	$27,000	$252,000
Asian Pacific Islander Wellness Center	$183,000	$21,960	$204,960
Asian Pacific Islander Wellness Center	$128,925	$15,471	$144,396
Bay Area Young Positives	$185,501	$22,260	$207,761
Black Coalition on AIDS	$83,160	$9,979	$93,139
Black Coalition on AIDS	$208,107	$24,972	$233,079
Black Coalition on AIDS	$182,466	$21,896	$204,362
Continuum HIV Day Services	$211,683	$25,402	$237,085
Girls After School Academy	$75,000	$9,000	$84,000
Iris Center	$255,000	$30,600	$285,600
Larkin Street Youth Center	$141,076	$16,929	$158,005
Mission Neighborhood HC	$281,670	$33,800	$315,470
Mission Neighborhood HC	$234,630	$28,156	$262,786
Mobilization Against AIDS Int.	$205,500	$24,660	$230,160
Native American AIDS Project	$233,649	$28,038	$261,687
New Leaf	$364,286	$43,714	$408,000
Shanti Project	$984,306	$118,117	$1,102,423
Tenderloin AIDS Resource Center	$489,600	$58,752	$548,352
UCSF AIDS Health Project	$1,014,332	$121,720	$1,136,052
UCSF AIDS Health Project	$375,492	$45,059	$420,551
UCSF Women's Specialty Clinic	$249,795	$29,975	$279,770
Walden House	$281,461	$33,775	$315,236
Walden House	$284,907	$34,189	$319,096
Subtotal	**$6,878,546**	**$825,424**	**$7,703,970**

State-Funded Contracts (July 1, 2005 through June 30, 2006)

Agency	State Amount	12 % Contingency	Total Amount
San Francisco AIDS Foundation	$289,427	$34,731	$324,158
San Francisco AIDS Foundation	$237,369	$28,484	$265,853
Stop AIDS Project	$389,759	$46,771	$436,530
Subtotal	**$916,555**	**$109,986**	**$1,026,541**

Contracts with General Funds (July 1, 2005 through June 30, 2006)

Agency	General Fund Amount	12 % Contingency	Total Amount

Asian Pacific Islander Wellness Center	$141,708	$17,050	$158,758
Larkin Street	$173,000	$20,760	$193,760
St. James Infirmary	$135,616	$16,274	$151,890
SF LGBT Community Center	$150,000	$18,000	$168,000
San Francisco AIDS Foundation	$631,696	$54,565	$686,261
Stop AIDS Project	$702,768	$84,332	$787,100
Tenderloin AIDS Resource Center	$253,898	$30,468	$284,366
UCSF Stonewall	$316,758	$38,011	$354,769
Subtotal	**$2,505,444**	**$279,460**	**$2,784,904**

HIV Prevention Contracts **TOTALS**	**$10,300,545**	**$1,214,870**	**$11,515,415**

Commissioner's Comments

- Commissioner Illig noted the importance of having monitoring reports for all of the agencies. He is concerned that some agencies have small boards of directors, and it is important that agencies have adequate boards to provide a level of public oversight. He asked representatives from several agencies to address this concern, including Bay Area Young Positives, Girls After School Academy, Mobilization Against AIDS, Native American AIDS Project, St. James Infirmary and Walden House. Commissioner Illig congratulated the Native American AIDS project on becoming their own 501(c)3.

- Commissioner Chow reiterated the importance of having organizational support through an active, adequately represented board of directors. Strong boards help make strong agencies that can continue their missions. Commissioner Chow would like additional information on the populations that will be served through these contracts and outcomes. Mr. Tierney said that specific outcomes are determined and outlined in the contract, and as soon as the contracts are finalized, he would present this information to the Joint Conference Committee and the Health Commission, in the next three and six months.

- Commissioner Illig said he and Barbara Garcia have discussed convening a meeting of board chairs to discuss how to assist and enhance governance of non-profits.

- Commissioner Sanchez appreciates the overview of the process, and the community dialogues that went on pertaining to the RFP. He also noted that many foundations are funding board development activities. Mr. Tierney added that at the next meeting, he would bring contracts to the Health Commission that address services to Latino community and clinical services with prevention with positives.

Commissioner Sanchez abstained from voting on this time as it relates to UCSF.

(3.6) **AIDS OFFICE-HIV Health Services** - Request for approval of a contract modification with Shanti, in the amount of $179,734, for a total 2-year contract amount of $889,457 ($305,563 for year one and $583,894 for year two), to provide HIV Health Services Planning Council Support services, for the period of March 1, 2004 through February 28, 2006.

Secretary's Note – this item was continued to the July 19, 2005 Health Commission meeting.

(3.7) **AIDS OFFICE-HIV Health Services** - Request for approval of a retroactive contract renewal with Positive Resource Center, in the amount of $254,837 per year ($509,674 for two years), plus a 12% contingency amount of $61,161, for a total amount of $570,835, to provide client advocacy and benefits counseling services targeting people living with AIDS of HIV disease, for the period of March 1, 2005 through February 28, 2007.

Commissioners' Comments

- Commissioner Illig commended Ms. Long for the excellent report, which includes everything the Commission has asked for. Commissioner Illig also commended the agency for its commitment of agency funds to this program. This really demonstrates the true partnership between DPH and the agency.

(3.8) **CBHS** - Request for approval of a contract modification with Resource Development Associates, in the amount of $133,475, for a total contract amount of $235,515, to provide consulting services to develop the Mental Health Services Act (Prop 63) plan, for the period of February 8, 2005 through September 30, 2005.

Commissioners' Comments

- Commissioner Chow asked if Proposition 63 funds could be used to reimburse the general fund for these upfront costs. Dr. Cabaj replied that this is his understanding with the State. Commissioner Chow asked the status of the Proposition 63 allocation. Dr. Cabaj said that right now they are scheduled to get less money than anticipated, but they are working with the Mayor's Office, the state and others.

(3.9) **CBHS** - Request for approval of a contract modification with Crestwood Behavioral Health, Inc., in the amount of $1,200,000, for a total contract value of $9,947,793, to provide additional mental health bed capacity for 24-hour Skilled Nursing Facility services, for the period of July 1, 2003 through June 30, 2005.

- Commissioner Illig expressed concerned that just a few months ago the Health Commission considered massive cuts to mental health residential services and now we are purchasing additional IMD beds. He asked Barbara Garcia to re-evaluate the residential treatment system, administrative days SFGH is losing, who is being served by the IMDs and other issues. Commissioner Illig asked for a presentation to the Community Programs and Services Joint Conference Committee once this evaluation is complete. Ms. Wang agreed with this approach, and noted that San Francisco has reduced its use of locked beds dramatically from 400-500 beds to what it is today.

- Commissioner Chow, Commissioner Illig and Commissioner Sanchez thanked Ms. Wang for her 35 years of service to the Department of Public Health.

(3.10) **CBHS** - Request for approval of a contract modification with Sunny Hills Children's Garden Family and Children's Services, in the amount of $112,000, for a total contract amount of $304,416, to provide mental health services for youth ages 12 through 18, for the period of July 1, 2004 through June 30, 2005.

(3.11) **CBHS** - Request for approval of ten renewal contracts for the Family Mosaic Project totaling $896,847, to provide various wrap-around services targeting seriously emotionally disturbed children, with the following agencies: Alternative Family Services, Brainstorm Tutoring, Edgewood Center for Children & Families, Families First, Heritage Residential Treatment Center, New College of California, Occupational Therapy Training Program/Special Services for Groups (OTTP/SSG), RISE Institute, Seneca Center and Victor Treatment Centers, for the period of July 1, 2005 through June 30, 2006.

Commissioners' Comments

- Commissioner Illig understands that there is ongoing monitoring of these agencies, but asked if there is also an annual monitoring report. Robán San Miguel, Director of Family Mosaic, said that because they do ongoing client-based monitoring, they are not currently doing an annual report by agency. Through the on-going monitoring process they are able to identify problems and in fact have discontinued contracts with agencies.

- Commissioner Sanchez noted that so many of these children's residential services are out of county, so it is critical that we are assured of quality care.

(3.12) **SFGH** – Request for approval to accept and expend a HRSA grant from the California Department of Health Services TB Control Unit in the amount of $995,759 for Bioterrorism Preparedness and Dual Use Project for Regional Civil Detention of Persistently Non-Adherent Tuberculosis Patients for the period of June 1, 2005 to January 1, 2013.

Commissioners' Comment (at the Health Commission Meeting)

- Commissioner Monfredini asked if Item 3.2 is an as-needed contract, because she knows that SFGH is working diligently to fill vacant positions. Ms. O'Connell replied that it is as-needed, so when we do not need it, we do not spend it.

- Commissioner Tarver commended the Positive Resource Center on its performance and client satisfaction. Commissioner Tarver noted that in 3.1, there seemed to be some inconsistencies in how the different vendors are monitored. He also reiterated his belief that the discussions around the Laguna Honda Hospital rebuild need to include representatives from across the Department. This is demonstrated by the contract with Crestwood, which cares for many San Francisco residents.

Action Taken: The Commission approved Items 3.1 - 3.5 and 3.7 - 3.12 of the Budget Committee Consent Calendar. Item 3.6 was held over to the next Health Commission meeting. Commissioner Sanchez abstained from Item 3.4 as it pertains to the four University of California contracts.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., presented the Director's Report.

Emergency Medical Services

Over the weekend there was an article in the *San Francisco Chronicle* concerning two cases of alleged patient abandonment by San Francisco Fire Department EMS crews that occurred in April of 2005. Dr. Katz assured the Health Commission that these incidents were rapidly detected by the

EMS Agency through their Exception Reporting system, and by the Fire Department through their Incident Management system, which rapidly assessed the problem and informed both the State EMS Authority and the San Francisco EMS Agency. All EMS personnel involved have been assigned non-patient care duties until the dual investigations (state and local) are completed and a determination is made. The State EMS Authority is handling the paramedic investigation and our EMS Agency is handling the EMT investigation. To give the Health Commission a sense of the proportion that non-transported patients represent to our system, of the approximately 30,000 EMS responses so far this year, about 4,600 involved patients not being transported for various reasons. Of the 77 incidents of all types being tracked by the EMS Agency in their Exception Reporting system since January 1, 2005, 6 have involved patient non-transports and 2 of these 6 have involved potential policy violations and have resulted in the current investigations.

Laguna Honda Hearing

On Saturday, June 18, 2005, the Government Audits and Oversight Committee of the Board of Supervisors along with Assembly member Leland Yee held a joint hearing to look into the California Department of Health Services and CAL/OSHA's review of Laguna Honda Hospital. There was general agreement that Laguna Honda Hospital needed more resources to care for behaviorally difficult patients and that this would require additional funding at the local and state level. There was a very good turn out for public comment with people expressing a variety of opinions. Some spoke about their desire to make sure that Laguna Honda Hospital did not take behaviorally difficult patients. Others spoke about the importance of finding a solution for funding of and caring for behavioral challenging patients in need of Skilled Nursing services at Laguna Honda or elsewhere. The hearing lasted 4.5 hours after which the Committee continued the item at the call of the chair.

Communicable Disease Report goes On-line

Dr. Katz announced the release of a comprehensive epidemiological review of communicable diseases, managed by the Community Health Epidemiology & Disease Control Section. The *San Francisco Communicable Disease Report, 1986-2003* provides the annual incidence for all legally notifiable communicable diseases. Additionally, it describes the epidemiology of 21 selected diseases and compares it with other Bay Area counties, California and the United States. These data are an essential tool for communicable disease control and prevention practice, program planning, and program development. The report can be downloaded from the DPH website. Many thanks to Scott Nabity, Communicable Disease Epidemiologist, who lead the effort to produce and post this comprehensive report.

Green Business Team

The San Francisco Green Business Team, a collaboration between the Department of Health, Department of the Environment and the Public Utilities Commission, hosted its first ever San Francisco Green Business Day Recognition Event. The event was held at Pier 39 in conjunction with World Environment Day 2005. Twenty-one San Francisco Green Businesses were showcased, including the Aquarium of the Bay, Courtyard by Marriot at Fisherman's Wharf, the San Francisco Chronicle, Rainbow Grocery Cooperative, HMR Group and Jardinière Restaurant. Awardees demonstrated exemplary environmental compliance, extensive efforts in toxics reduction and pollution prevention, and energy, water and solid waste conservation. The Team has a growing list of other businesses coming into compliance that will soon join San Francisco's Green Business community.

Commissioners' Comments

- Commissioner Illig asked if the $3.2 million cut to Outpatient Substance Abuse Services is an annualized amount. Dr. Katz said the savings is based on a September 1, 2005 start date. His guess is that the FY 2005-2006 savings will be less, because the RFP may not be completed by September. Commissioner Illig asked for an update on the Proposition 63 allocation to San Francisco. Dr. Katz said there is an intense effort to get the allocation increased, but at this point there has been no change. Commissioner Illig said Supervisor Daly has introduced two pieces of legislation that impact the Health Department and asked when the Department would weigh in and how will the Commission would be involved. Dr. Katz said he has only recently been given the revised charter amendment. Commissioner Illig hopes that Supervisor Daly would ask for the Health Commission's input as he moves forward with his proposals.

- Commissioner Chow Dr. Katz to report the results of the EMS investigation to the Health Commission when it is complete.

- Commissioner Sanchez feels that the Health Commission has completed its charge in holding public hearings, adopting a budget resolution and forwarding this information to the Mayor and Board of Supervisors, and now is the time for the citizens to be heard at the Board of Supervisors via the Beilenson hearing.

- Commissioner Chow respects that the Beilenson hearing is the opportunity for the public to express its opinions, and the Health Commission has already provided its input via the budget resolutions. Commissioner Chow expressed sadness on the passing of Dr. Robert Lull. He was a great man. The Health Commission sent a letter of condolence to the family and the medical society, and he was privileged to present the letter at the Medical Society's memorial service.

5) CONSIDERATION OF A RESOLUTION OPPOSING THE PROPOSED MEDI-CAL RESTRUCTURE

Gregg Sass, DPH Chief Financial Officer, updated the Commission on recent developments in the State Medi-Cal 1115 waiver negotiations between the State Department of Health Services (DHS) and the Center for Medicare and Medicaid Services (CMS). Over the past year, DHS and CMS have been negotiating a five-year Medicaid waiver to restructure safety net hospital financing. Central to the negotiation is the desire on the part of the federal government to replace the existing system that utilizes intergovernmental transfers from counties to draw down federal matching funds (FFP) with a system that draws FFP from certified public expenditures (CPE). The existing 1115 waiver expires on June 30, 2005 and the new system is scheduled to take effect on July 1.

Throughout the negotiations, counties have followed developments closely and, until mid-May, had not opposed the new plan despite numerous concerns. That position was based on elements of the plan that had the potential of stabilizing safety net financing and providing for growth in funding to allow hospitals to meet the demand for care by the uninsured, indigent, Medi-Cal and other patients. However, on May 19th, counties were notified that CMS had rejected the proposal under negotiation and proposed a scaled down version of the waiver that contains none of these features and threatens the stability of the safety net.

Mr. Sass described the importance of having a waiver that stabilizes the safety net. There are 6.5 million uninsured people in California in need of health care. Public hospitals make up just 6 percent of all California hospitals, yet provide more than 50 percent of the hospital care to the uninsured. San

Francisco General Hospital is one of those providers. 41 percent of the patients at SFGH are indigent and an additional 28 percent are Medi-Cal beneficiaries. In addition, SFGH is the only Level 1 trauma center serving San Francisco and San Mateo counties. With regard to revised proposal, it is very difficult to determine the exact impact of the plan, since it was announced on May 19th and scheduled to take effect just six weeks later. But the major elements of the plan that are problematic are:

- Reform is limited to public hospitals – The original plan had elements that would have applied to all hospitals, public and private. The new plan bifurcates public and private safety net hospitals, disconnecting their funding and destabilizing the established sharing of workload between the two groups.

- No provision for growth – While the plan appears to offer some limited growth in the 2005-06 fiscal year, there is a four-year freeze for the remaining life of the waiver. This is equivalent to a cut given the rising number of uninsured and the rising cost of health care. This is the most serious of the problems with the new proposal.

- Lack of an identified State match – Private safety net hospitals will be reliant on the State General Fund, which would rely on an annual appropriation.

- Managed Care requirements – $180 million in funding in the first two years is linked to managed care expansion that could supplant payments to public hospitals. This feature could have significant impact on public and University hospitals in many counties.

- Inadequacy of CPE based payments – the CPE structure is an inadequate source of non-federal share to fully fund safety net hospital. There are also restrictions on the definition of eligible CPEs that could further reduce FFP.

Commissioners' Comments

- Commissioner Chow stated that the last Resolved clause in the proposed resolution would be better placed as a statement in a Whereas clause.

Action Taken: The Commission amended the resolution to make the last Resolved clause part of the last Whereas clause.

Action Taken: The Commission approved Resolution 10-05, "Resolution in Opposition to California Medicaid Hospital Financing Waiver Currently Under Negotiations with the Federal Government," as amended (Attachment B).

6) CONSIDERATION OF A RESOLUTION APPROVING THE HOMELESS DEATH COUNT FORM

Anne Kronenberg, Deputy Director of Health, presented a resolution that would approve a form that would be used to collect information about the number of homeless deaths in San Francisco. Since 1987, homeless advocates have kept count of the individuals who died homeless in San Francisco to honor the life and dignity of each person by name. Counting homeless deaths has never been a precise science because there is no way to track whether individuals who died in the hospital or nursing home had been formerly homeless. Death certificates, which are governed by State law, do not include a classification box that would allow the designation of homeless. Beginning in 1992, DPH worked with the Medical Examiner (ME), the faith community and homeless advocates to review the ME's records to ascertain how many individuals had died without a fixed address. Subsequently, two laws went into effect that greatly restricted access to health related records. The Health Department is no longer allowed to release copies of the death certificates unless the deceased is known by the requester. In addition, there are severe restrictions on the release of comprehensive death indices to the public.

Supervisor Bevan Dufty convened a committee, with advocates from the faith-based community, the Medical examiner, the City Attorney's Office and DPH, to explore how the Health Department could most effectively and efficiently resume the Homeless Death Count. The solution was a "Homeless Death Count" form that will be filled out by the institution registering the death, the ME's office, funeral home or hospital. At the time of registering a death by filing a death certificate with DPH, the registrant will also file the completed Homeless Death Form. Staff will remove the form and file it in a separate file drawer. At the end of the year, all the forms will be in one place, making the count a simple activity. Ms. Kronenberg thanked DPH intern Elise Duryee-Browner, who did research and helped develop the form.

Ms. Kronenberg introduced Amanda Kahn, legislative aide to Supervisor Dufty, who thanked the Health Department for developing the form. It is extremely important to Supervisor Dufty that people who die without a home are recognized, and he is confident that this approach will allow this to happen with minimal impact on Health Department staff and resources.

Commissioners' Comments

- Commissioner Guy asked what happens with the information that is collected through the death form. Ms. Kronenberg said that the forms would remain in Health Department files until collected by the advocates at the time of ceremonies honoring and recognizing homeless individuals who have died without a home. Commissioner Guy asked if journalists have access to this information. Ms. Kronenberg said yes, this is public information.

- Commissioner Illig asked if other cities do this. Ms. Kronenberg replied that other cities do count deaths, but not using this model. States have different requirements in terms of how they count homeless deaths.

- Commissioner Tarver said that information gleaned from the homeless death forms should be reported annually to the Health Commission. He also urged the use of gender identification categories other than male and female. The commissioners and Dr. Katz agreed with this.

- Commissioner Chow asked for clarification of the "Circumstances of Death" category. Ms. Kronenberg replied that the faith community, who like to give a profile of the individual who has died, specifically requested this category. This is different from cause of death, which is indicated on the death certificate. The distinction can be explained in the letter that DPH is going to send to the various entities that will fill out the forms. Dr. Katz clarified that the death certificate, including cause of death, is not accessible to the public.

Action Taken: The Commission approved Resolution 09-05, "Resolution Approving The Homeless Death Count Form To Be Filed At The Time Of Registration Of The Death Certificate With Vital Statistics," (Attachment A).

7) PUBLIC COMMENT/OTHER BUSINESS

None.

8) ADJOURNMENT

The meeting was adjourned at 2:55 p.m.

Michele M. Seaton

Michele M. Seaton
Executive Secretary to the Health Commission

Attachments: (2)

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be reflected in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

HEALTH COMMISSION
City and County of San Francisco
Resolution No. 09-05

Resolution Approving The Homeless Death Count Form To Be Filed At The Time Of Registration Of The Death Certificate With Vital Statistics.

WHEREAS, since 1987 the San Francisco homeless advocacy and faith community have kept count of the individuals who died homeless in San Francisco each year; and,

WHEREAS, the City and County of San Francisco believes that it is a humane and worthwhile activity to honor the homeless who die each year by name; and,

WHEREAS, Beginning in 1992, the Department of Public Health worked with the Medical Examiner (M.E.) and with the faith community and homeless advocates to review the Medical Examiner's records to ascertain how many individuals had died without a fixed address in an attempt to get a more realistic count of homeless deaths; and,

WHEREAS, two laws have gone into effect that greatly restrict access to health related records, the first is the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996 which governs rules and regulations pertaining to patient confidentiality; and

WHEREAS, Senator Jackie Speier sponsored SB 247 passed in 2002 which controls the release of and access to birth and death records and is intended to reduce identity theft; and,

WHEREAS, the Department of Public Health is no longer allowed to release the names of decedents because of the above confidentiality statutes unless the deceased is known by the requester by name and in this case, the State requires a $13 fee be paid for each record search by name; and,

WHEREAS, in addition, there are severe restrictions on the release of comprehensive death indices to the public; and,

WHEREAS, the San Francisco Board of Supervisors passed two resolutions in December 2004 urging the Health Department to resume the annual homeless death count; and,

WHEREAS, Supervisor Dufty formed a working group to determine a feasible means to allow the City to continue the annual count; and

WHEREAS, the Board of Supervisors passed legislation June 14, 2005 mandating the development of a "Homeless Death Count Form" to be filed at the time of registering the death certificate with the Health Department; and

HEALTH COMMISSION
City and County of San Francisco
Resolution No. 10-05 (Cont'd.)

WHEREAS, the Board of Supervisors legislation calls upon the Health Department to create the form and the Health Commission to approve the Homeless Death Count Form; and

WHEREAS, the form is in compliance with HIPAA and the form contains no information that could reasonably be used to commit identity theft; and,

WHEREAS, Supervisor Dufty's Ordinance states that "before being granted access to Homeless Death Forms filed with the San Francisco Health Department or the information contained therein, members of the public must first sign a statement under penalty of perjury that they will not use the Homeless Death Forms or the information contained therein for fraudulent purposes"; and,

WHEREAS, use of the form will make the task of counting homeless deaths possible and will allow the community to honor those who have died homeless; now, therefore, be it

RESOLVED, that San Francisco Health Commission does hereby approve the Homeless Death Count Form.

I hereby certify that the San Francisco Health Commission at its meeting of June 21, 2005 adopted the foregoing resolution.

Michele M. Seaton
Executive Secretary to the Health Commission

HEALTH COMMISSION
City and County of San Francisco
Resolution No. 10-05

Resolution in Opposition to California Medicaid Hospital Financing Waiver Currently Under Negotiations with the Federal Government

WHEREAS, there is a health care crisis in California, with 6.5 million uninsured people in need of health care; and

WHEREAS, San Francisco General Hospital is a safety net hospital which provides a full range of acute and intensive care medical services to inpatients, trauma and emergency patients, and outpatients specializing in health care delivery programs not otherwise available in the community; and

WHEREAS, San Francisco General Hospital is dependent upon Medi-Cal (Medicaid) reimbursement for its financial viability and stability, which comprises over 36% of the hospital's revenues; and

WHEREAS, today's level of State and federal funding is insufficient even to continue to maintain the current level of needed services; and

WHEREAS, the State of California is negotiating with the federal government for a five-year Medicaid waiver to restructure safety net hospital financing, to replace the current waiver that expires June 30, 2005; and

WHEREAS, the Health Commission supports Governor Schwarzenegger's goal to stabilize the safety net and increase federal funding to California's public safety net hospitals; and,

WHEREAS, a successful waiver will stabilize the safety net, hold harmless each public and private safety net hospital, and create growth in funding to allow these hospitals to meet the demand for care by the uninsured, indigent, Medi-Cal and other patients; and

WHEREAS, a successful waiver will not freeze funding for safety net hospitals; and

WHEREAS, a successful waiver will include mechanisms to draw down the full value of available federal funding to support safety net hospitals; and

WHEREAS, the current version of the waiver under negotiations does not meet the criteria described here and does not ensure that the State's goals will be achieved; and

WHEREAS, the contents of the waiver is changing quickly and counties have not been able to determine its impact on their public hospitals, posing great risk to those hospitals and all other county services; and

HEALTH COMMISSION
City and County of San Francisco
Resolution No. 10-05 (Cont'd.)

WHEREAS, a waiver that does not stabilize the safety net and guarantee growth for public and private safety net hospitals will make California's health care crisis worse by disabling the institutions that operate on its front lines, and San Francisco County will not be able to make up for a diminution of State or federal funds to maintain the operation of a public safety net hospital; now, therefore, be it

RESOLVED, that the Health Commission supports the State of California in its efforts to accomplish an agreement with the federal government that will stabilize and provide funding of the safety net hospitals through a comprehensive hospital financing waiver currently valued at nearly $700 million in additional federal funds in its initial year; and, be it

FURTHER RESOLVED, that the Health Commission cannot support a waiver that:

a. Does not provide safety net hospitals assurance of adequate, stable funding with reasonable growth over the waiver's five-year term;

b. Has not been fully evaluated, poses a significant risk to safety net hospitals, and/or would result in cuts in public hospital services; and

c. Is linked to the implementation and expansion of managed care.

I hereby certify that the San Francisco Health Commission at its meeting of June 21, 2005 adopted the foregoing resolution.

Michele M. Seaton
Executive Secretary to the Health Commission

Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

James M. Illig
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

Donald E. Tarver, II, M.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.sfdph.org

Agenda

CANCELLATION NOTICE

FOR

SAN FRANCISCO HEALTH COMMISSION

The regular meeting of the San Francisco Health Commission scheduled for Tuesday, June 21, 2005, 3:00 p.m. has been cancelled, and will be rescheduled as a special meeting to be held the same day, June 21, 2005, at 1:00 p.m.

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An agenda will follow.

For information please call the Commission Office at 554-2666.

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Lee Ann Monfredini
President

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Director of Health

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CANCELATION NOTICE

FOR

SAN FRANCISCO HEALTH COMMISSION

The regular meetings of the San Francisco Health Commission scheduled for Tuesday, July 5, 2005 and Tuesday, August 2, 2005 have been canceled. The next regularly scheduled meeting will be Tuesday, July 19, 2005, 3:00 p.m.

An agenda will follow.

For information please call the Commission Office at 554-2666.

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(Posted June 23, 2005)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor
Department of Public Health

Lee Ann Monfredini
President

Roma P. Guy, M.S.W
Vice President

Edward A. Chow, M.D.
Commissioner

James M. Illig
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

Donald E. Tarver, II, M.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
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AGENDA

HEALTH COMMISSION MEETING

Tuesday, July 19, 2005
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 1:30 P.M. AT 101 GROVE.

THE HEALTH COMMISSION WILL ACT ON THOSE CONSENT CALENDAR ITEMS THAT HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JUNE 21, 2005
**Minutes of the meeting of June 21, 2005*

3) PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner James M. Illig)

(3.1) **DPH-Central Admin.** – Request for approval of a retroactive contract renewal with San Francisco Community Health Authority, in the amount of $8,810,383, to provide universal health insurance services targeting San Francisco children ages 0 through 24, for the period of July 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.2) **CHN-SFGH & LHH Facilities** – Request for approval of fifteen renewal contracts with the following thirteen firms: Acker & Guerrero Roof Co., Inc., Agbayani Construction, Inc., Air Duct Cleaning Specialists, Birds Away/Pigeons Away, William Decker, & Co., Elischer Construction, Inc., Galindo Installation & Moving Services, Monticelli Painting & Decorating, Inc., Pribuss Engineering, Inc., Steam on Wheels, United California Glass Co., Western Roofing Service Co. and Yerba Buena Engineering & Construction, Inc., and six new contracts with Lights On Wheels, Migale Painting Co., Mintie Corporation, Pioneer Contractors, Inc., Schram Construction, Inc. and SF Silver Glass & Mirror, to increase the total combined amounts by $1,747,000, from $2,678,000 to $4,425,000 to provide the Community Health Network intermittent, as-needed facility maintenance services above baseline civil service staffing for the period of July 1, 2005 through June 30, 2007.
** Contract summary, Vendor's rate pages, Monitoring report summaries*

(3.3) **PHP-Emergency Medical Services** – Request for approval to accept and expend a grant from the State Emergency Medical Services Authority, in the amount of $127,272, to establish a Trauma and Burn Supply Cache, for the period of June 6, 2005 to October 31, 2005.
** Grant summary, Grant information form*

(3.4) **CHN-Primary Care Youth Programs** – Request for approval to accept and expend retroactively a grant from the State Office of Family Planning, in the amount of $635,000, to support, enhance and expand health education services to youth in schools and community clinics/agencies, for the period of July 1, 2005 to June 30, 2010, and two sole source contracts with 1) Huckleberry Youth Programs and 2) Family Service Agency/TAPP program, in the amount of $26,121 and $5,000 respectively per year, for the same time period.
** Grant summary, Grant information form, Budget pages, Lists of Board of Directors*

(3.5) **AIDS Office-HIV Health Services** – Request for approval to accept and expend retroactively a new grant from the Centers for Medicare & Medicaid Services, in the total amount of $1,488,000, for the period of July 1, 2005 to June 30, 2006.
** Grant summary, Grant information form, Budget pages*

(3.6) **AIDS Office-HIV Health Services** - Request for approval of the following five contracts funded with FY 2005-2006 Federal Center for Medicare & Medicaid Services (CMS) funds for $985,297 plus a 12% contingency of $118,236 for a total amount of $1,103,533 for the period of July 1, 2005 through June 30, 2006.

Agency		CMS Amount	12 % Contingency	Total Amount
Mission Neighborhood Health Center		$250,000	$30,000	$280,000
Positive Resource Center		$150,000	$18,000	$168,000
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UCSF AIDS Health Project		$203,946	$24,474	$228,420
UCSF Positive Health Practice		$275,000	$33,000	$308,000
		$985,297.00	**$118,236.00**	**$1,103,533.00**

** Contract summary, Board of Directors lists, Monitoring report summaries, Client demographic information forms*

(3.7) **AIDS OFFICE-HIV Health Services** - Request for approval of a contract modification with Shanti, in the amount of $179,734, for a total 2-year contract amount of $889,457 ($305,563 for year one and $583,894 for year two), to provide HIV Health Services Planning Council Support services, for the period of March 1, 2004 through February 28, 2006.
** Contract summary, Monitoring report, Client demographic information form*

(3.8) **AIDS Office-HIV Health Services** - Request for approval of a retroactive contract renewal with AIDS Emergency Fund, in the amount of $604,400, plus a 12% contingency of $72,528, for a total amount of $676,928, to provide emergency assistance grants to low income HIV+/AIDS individuals, for the period of March 1, 2005 through February 28, 2006.
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** Contract summary, Monitoring report summary and Response letter, Client demographic information form*

(3.10) **AIDS Office-HIV Health Services** - Request for approval of a retroactive contract renewal with Immune Enhancement Project, in the amount of $111,633, plus a 12% contingency of $13,396, for a total amount of $125,029, to provide complementary therapy services targeting severe-needs persons diagnosed with HIV/AIDS disease, for the period of April 1, 2005 through February 28, 2006.
** Contract summary, Monitoring report summary, Response to recommendation, Client demographic information form*

(3.11) **AIDS Office-HIV Health Services** - Request for approval of a retroactive contract renewal with Community Awareness and Treatment Services, in the amount of $191,450, plus a 12% contingency of $22,974, for a total amount of $214,424, to provide residential treatment, which includes housing, food, HIV and substance abuse counseling, linkage to primary medical care, transportation and recreational activities to substance abusing, HIV-infected, indigent male adult residents of San Francisco, for the period of March 1, 2005 through February 28, 2006.
** Contract summary, Monitoring report memo and summary, Response to Monitoring report, Client demographic information form*

(3.12) **AIDS Office-HIV Health Services** - Request for approval of a retroactive contract renewal with Community Awareness and Treatment Services, in the amount of $189,245, plus a 12% contingency of $22,709, for a total amount of $211,954, to provide supportive housing, stabilization, counseling, case management and psychological support services to improve the accessibility, timelines and continuity of care for HIV+ women and transgender residents of San Francisco, for the period of March 1, 2005 through February 28, 2006.
** Contract summary, Monitoring report memo and summary, Client demographic information form*

(3.13) **AIDS Office-HIV Prevention** - Request for approval of a contract modification with UCSF AIDS Health Project, in the amount of $73,000, to extend the contract term and increase the contract total to $146,000, to provide training services to HIV Prevention providers, for the period of January 1, 2005 through December 31, 2005.
** Contract summary, Monitoring report summary, Response letter, Client demographic information form*

(3.14) **AIDS Office-HIV Prevention** - Request for approval of a retroactive contract renewal with Harder+ Company Community Research, in the amount of $117,303, plus a12% contingency of $14,076, for a total amount of $131,379, to provide technical support to the HIV Prevention Planning Council, for the period of January 1, 2005 through December 31, 2005.
** Contract summary, Monitoring report summary*

(3.15) **PHP-Housing & Urban Health** – Request for approval of a renewal contract with Baker Placer, Inc., in the amount of $1,688,439, which includes a 12% contingency, to provide a payment emergency housing, targeting homeless DPH clients at Single Room Occupancy hotels, for the period of July 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report summary and memo*

(3.16) **PHP-Housing & Urban Health** – Request for approval of a renewal contract with Mercy Services Corporation, in the amount of $582,936, which includes a 12% contingency, to provide property management services in a Direct Access to Housing site, targeting homeless, extremely low-income persons with special needs, including substance abuse, mental health and physical disabilities, for the period of July 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.17) **PHP-Housing & Urban Health** – Request for approval of a renewal contract with John Stewart Company, in the amount of $2,036,508, including $984,300 in Tenant Rental Income, to provide property management services serving the Direct Access to Housing sites, for the period of July 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report summary*

(3.18) **PHP-Housing & Urban Health** – Request for approval of a multi-year renewal contract with San Francisco AIDS Foundation, in the amount of $2,582,483, which includes a 12% contingency, to provide full and partial rental subsidies, targeting people with disabling HIV or AIDS, for the period of July 1, 2005 through June 30, 2009.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.19) **PHP-Housing & Urban Health** – Request for approval of a renewal contract with Tenderloin Neighborhood Development Corporation, in the amount of $524,477, which includes a 12% contingency, to provide supportive housing services, targeting homeless seniors, for the period of July 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report summary and Response letter, Cultural competency contact list, Client demographic information forms*

(3.20) **PHP-Housing & Urban Health** – Request for approval of a multi-year renewal contract with Catholic Charities CYO, in the amount of $1,347,612, which includes a 12% contingency, to provide supportive services in a residential, permanent housing environment at the Peter Claver Community, targeting homeless, low-income adults with HIV/AIDS, for the period of July 1, 2005 through June 30, 2008.
** Contract summary, Monitoring report summary and response letter, Client demographic information form*

(3.21) **PHP-Housing & Urban Health** – Request for approval of a multi-year renewal contract with Caduceus Outreach Services, in the amount of $206,434, which includes a 12% contingency, to provide case management, psychiatric treatment and policy advocacy services, targeting homeless adults, for the period of July 1, 2005 through June 30, 2007.
** Contract summary, Monitoring report summary, Memo and Recommendations response, Client demographic information form*

(3.22) **PHP-Housing & Urban Health** – Request for approval of a multi-year renewal contract with Homeless Children's Network, in the amount of $100,687, which includes a 12% contingency, to provide individual, family and group counseling as well as crisis intervention and response to very low income residents living with HIV/AIDS and/or disabling physical, substance abuse and/or mental health problems at the Senator and the San Cristina Hotels, for the period of July 1, 2005 through June 30, 2008.
** Contract summary, Monitoring report summary and response, Client demographic information form*

(3.23) **PHP-Housing & Urban Health** – Request for approval of a renewal contract with Lutheran Social Services, in the amount of $144,993, which includes a 12% contingency, to provide third-party rent payee services to residents of the Department of Public Health's Direct Access to Housing sites, for the period of July 1, 2005 through September 29, 2006.
** Contract summary, Monitoring report summary and Response, Client demographic information form*

(3.24) **PHP-Housing & Urban Health** – Request for approval of a new contract with Richmond Area Multi Services, in the amount of $1,331,770, which includes a 12% contingency, to provide permanent supportive housing services in a residential care environment at the Broderick Street Adult Residential Program, targeting homeless adults, for the period of July 1, 2005 through June 30, 2006.
** Contract summary*

(3.25) **PHP-STD Prevention & Control** – Request for approval of a retroactive contract renewal with PHFE Management Solutions, in the amount of $193,850, plus a 12% contingency of $23,262, for a total amount of $217,112, to provide fiscal intermediary services for the Syphilis Prevention Project, for the period of January 1, 2005 through December 31, 2005.
** Contract summary, Monitoring report summary*

(3.26) **PHP-STD Prevention & Control** – Request for approval of a retroactive contract renewal with PHFE Management Solutions, in the amount of $65,115, plus a 12% contingency of $7,814, for a total amount of $72,929, to provide fiscal intermediary services for the YUTHE Chlamydia Awareness Project, for the period of January 1, 2005 through December 31, 2005.
** Contract summary, Monitoring report summary*

(3.27) **PHP-CHPP-AAHI** – Request for approval of a renewal contract with Bayview Hunters Point Health and Environmental Resource Center, in the amount of $504,221, to provide health and wellness services, for the period of July 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report, Client demographic information form*

(3.28) **PHP-CHPP-AAHI** – Request for approval of a renewal contract with Black Coalition on AIDS, in the amount of $351,920, to provide fiscal agent and support services to the African American Coalition for Health Improvement and Empowerment as the community partner for the DPH African American Health Initiative, serving African Americans city wide, for the period of July 1, 2005 through June 30, 2006.
** Contract summary, List of Board of Directors, Monitoring report, Client demographic information form*

(3.29) **CHP-Primary Care** – Request for approval of a retroactive contract renewal with San Francisco Bar Association, in the amount of $316,747, to provide Supplemental Security Income application assistance to the chronically homeless and mentally ill in San Francisco, for the 26-month period of May 1, 2005 through June 30, 2007.
** Contract summary, Quarterly Progress Report, Client demographic information form*

(3.30) **BHS** – Request for approval of a contract renewal with The Tides Center, in the amount of $57,120, to provide primary care services in its Women's Community Clinic, for the period of July 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report summary, Recommendation update memo and Summary chart*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **PRESENTATION OF THE EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF JULY**
**List of Awardees*

6) **FOR DISCUSSION AND ACTION:** **CONSIDERATION OF A RESOLUTION APPROVING THE STRATEGIC ALLIANCE'S RECOMMENDATIONS ON HEALTHY FOOD AND PHYSICAL ACTIVITY**
(Christina Carpenter, Health Promotion Consultant, Community Health Promotion and Prevention Branch)
**Report and Resolution*

7) **FOR DISCUSSION:** **PRIMARY CARE UPDATE**
(Michael Drennan, M.D., Primary Care Director)
**Update*

8) **FOR DISCUSSION AND ACTION:** **UPDATE ON SUPERVISOR DALY'S PROPOSED CHARTER AMENDMENT ESTABLISHING BASELINE FUNDING FOR THE DEPARTMENT OF PUBLIC HEALTH AND CONSIDERATION OF A RESOLUTION REGARDING THE CHARTER AMENDMENT**
(Scott Boule, Assistant Director of Policy and Planning)
**Report, Resolution and Charter Amendment*

9) **FOR DISCUSSION:** **UPDATE ON PROPOSED REGULATIONS TO MEDICAL CANNABIS DISPENSARIES**
(Scott Boule, Assistant Director of Policy and Planning)
**Report and Proposed Legislation*

10) **PUBLIC COMMENT/OTHER BUSINESS****

11) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy
Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

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The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance
Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Adele Destro by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Ms. Destro or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, July 19, 2005
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

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1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:30 p.m.

Present: Commissioner Lee Ann Monfredini, President - left at 5:00 p.m.
Commissioner Edward A. Chow, M.D.
Commissioner James M. Illig
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner Donald E. Tarver, II, M.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Roma P. Guy, M.S.W., Vice President

Lee Ann Monfredini announced that she has appointed Commissioner Tarver to the Laguna Honda Hospital Joint Conference Committee and the San Francisco Breast Care Community Advisory Committee. There will be some restructuring of the Joint Conference Committees in the next 30 days, and she will announce additional committee assignments when they are made.

Commissioner Monfredini announced that the August 2nd Health Commission meeting is cancelled.

Commissioner Monfredini announced that the St. Luke's Prop. Q hearings regarding their proposed closure of the inpatient psychiatric unit are scheduled for September 6th and September 20th. She noted that Proposition Q requires two hearings, one to take public testimony and one for the Health Commission to take action.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JUNE 21, 2005

Action Taken: The Commission approved the minutes of the June 21, 2005 Heath Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

(3.1) **DPH-Central Admin.** – Request for approval of a retroactive contract renewal with San Francisco Community Health Authority, in the amount of $8,810,383, to provide universal health insurance services targeting San Francisco children ages 0 through 24, for the period of July 1, 2005 through June 30, 2006.

Commissioners' Comments

- Commissioner Sanchez said this initiative was undertaken because the State program was not meeting the needs of young people in our community. He has mixed feelings about supporting an increase per child, rather than per family, because it will have an impact. Jim Soos said it was clearly the Department's desire not to increase premiums, but unless they increased premiums to meet the State Healthy Kids program, they stand to lose $900,000 in federal funds each year. Mr. Soos added that the goal of the program is to make sure no family goes uncovered and premium assistance is available.

(3.2) **CHN-SFGH & LHH Facilities** – Request for approval of fifteen renewal contracts with the following thirteen firms: Acker & Guerrero Roof Co., Inc., Agbayani Construction, Inc., Air Duct Cleaning Specialists, Birds Away/Pigeons Away, William Decker & Co., Elischer Construction, Inc., Galindo Installation & Moving Services, Monticelli Painting & Decorating, Inc., Pribuss Engineering, Inc., Steam on Wheels, United California Glass Co., Western Roofing Service Co. and Yerba Buena Engineering & Construction, Inc., and six new contracts with Lights On Wheels, Migale Painting Co., Mintie Corporation, Pioneer Contractors, Inc., Schram Construction, Inc. and SF Silver Glass & Mirror, to increase the total combined amounts by $1,747,000, from $2,678,000 to $4,425,000 to provide the Community Health Network intermittent, as-needed facility maintenance services above baseline civil service staffing for the period of July 1, 2005 through June 30, 2007.

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		$985,297.00	**$118,236.00**	**$1,103,533.00**

Comments

- Commissioner Illig asked if this is the money that Congresswoman Pelosi obtained for San Francisco. Ms. Long said it was. Commissioner Illig asked and if there were any restrictions on the funding. Ms. Long said there were surprisingly few strings attached to this grant. Commissioner Illig asked who decided how the funding would be allocated to this targeted population. Ms. Long said many of the contractors were part of the last Congressional earmark and were doing a good job. In addition, through a variety of forums the AIDS Office had heard of the desire for additional complementary therapies.

(3.7) **AIDS OFFICE-HIV Health Services** - Request for approval of a contract modification with Shanti, in the amount of $179,734, for a total 2-year contract amount of $889,457 ($305,563 for year one and $583,894 for year two), to provide HIV Health Services Planning Council Support services, for the period of March 1, 2004 through February 28, 2006.

Public Comments

- Randy Allgaier, chair of the HIV Health Services Planning Council, provided information and clear up confusion about the current Planning Council Support allocation and contract. His statement is on file in the Health Commission office.

- Charles Ceron, co-chair of the HIV Health Services Planning Council, provided testimony on the activities and successes of the Planning Council. He became involved in the Planning Council to take control of his life and give hope to himself and others. He urged the Commission to take a look at the work of the council and how it has benefited the community. Staff is important to making good decisions.

- Laura Thomas, member of HIV Health Services Planning Council, said that the council is better staffed, better supported and better trained than it has been in the past 15 years. She urged to Health Commission to approve the proposed funding allocation. She looks forward to the opportunity to return to a future Health Commission meeting to provide more information about what the Planning Council does and how it prioritizes services.

Commissioners' Comments

- Commissioner Chow thanked Shanti and the Planning Council for responding to the questions that were raised by the Health Commission, and helping Commissioners understand why the administrative increases were necessary. He is pleased to understand the various levels of work the Planning Council has done. He noted that administrative costs are always under a microscope, and that has included the Department of Public Health for the past three years. He wanted to be sure that the agency was being sensitive about increasing administrative cuts during a time of service reduction.

- Commissioner Illig said it is important for the Health Commission to be more educated about what the Planning Council does. His concern was that the administrative costs were being increased at the same time that services cuts were being made. He believes the scope of work for the Council needs to be expanded, and asked Ms. Long to comment on her opinion about the Planning Council becoming an advisory body for all funds, rather than just CARE funds. Ms. Long said that the Planning Council's priorities are considered in all the work that the AIDS Office does, there is good communication between the AIDS Office and the Planning Council and there is no disconnect between what the Planning Council discusses and the work of the Department. Commissioner Illig suggested that the Planning Council present to the Joint Conference Committee after they have developed their priorities and funding allocation.

- Commissioner Sanchez said the dialogue is important and supports a presentation to the Joint Conference Committee. It is important that there be a cohesion between the CARE dollars and the rest of the AIDS Office programs.

(3.8) **AIDS Office-HIV Health Services** - Request for approval of a retroactive contract renewal with AIDS Emergency Fund, in the amount of $604,400, plus a 12% contingency of $72,528, for a total amount of $676,928, to provide emergency assistance grants to low income HIV+/AIDS individuals, for the period of March 1, 2005 through February 28, 2006.

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(3.11) **AIDS Office-HIV Health Services** - Request for approval of a retroactive contract renewal with Community Awareness and Treatment Services, in the amount of $191,450, plus a 12% contingency of $22,974, for a total amount of $214,424, to provide residential treatment, which *includes housing, food, HIV and substance abuse counseling, linkage to primary medical care,* transportation and recreational activities to substance abusing, HIV-infected, indigent male adult residents of San Francisco, for the period of March 1, 2005 through February 28, 2006.

(3.12) **AIDS Office-HIV Health Services** - Request for approval of a retroactive contract renewal with Community Awareness and Treatment Services, in the amount of $189,245, plus a 12%

contingency of $22,709, for a total amount of $211,954, to provide supportive housing, stabilization, counseling, case management and psychological support services to improve the accessibility, timelines and continuity of care for HIV+ women and transgender residents of San Francisco, for the period of March 1, 2005 through February 28, 2006.

(3.13) **AIDS Office-HIV Prevention** - Request for approval of a contract modification with UCSF AIDS Health Project, in the amount of $73,000, to extend the contract term and increase the contract total to $146,000, to provide training services to HIV Prevention providers, for the period of January 1, 2005 through December 31, 2005.

(3.14) **AIDS Office-HIV Prevention** - Request for approval of a retroactive contract renewal with Harder+ Company Community Research, in the amount of $117,303, plus a12% contingency of $14,076, for a total amount of $131,379, to provide technical support to the HIV Prevention Planning Council, for the period of January 1, 2005 through December 31, 2005.

Commissioners' Comments

- Commissioner Chow noted that the support for the HIV Prevention Planning Council was 1.2 percent of the total allocation, which is comparable to the HIV Health Services Planning Council's level of support.

- Commissioner Illig asked how staffing of the Prevention Planning Council differs from that of the HIV Health Services Planning Council. Mr. Tierney replied that the AIDS Office still provides staff support to the HIV Prevention Planning Council—it is a combined staffing model.

(3.15) **PHP-Housing & Urban Health** – Request for approval of a renewal contract with Baker Placer, Inc., in the amount of $1,688,439, which includes a 12% contingency, to provide a payment emergency housing, targeting homeless DPH clients at Single Room Occupancy hotels, for the period of July 1, 2005 through June 30, 2006.

Commissioners' Comments

- Commissioner Chow asked how the agency addressed areas that needed improvement. Jonathan Vernick, Executive Director of Baker Places, said it has been a long road, but the agency has a new fiscal officer and has restructured the fiscal department.

- Commissioner Illig expressed concern about the relatively small number of board members. Mr. Vernick agrees that they need to expand the board and he expects to move forward on that.

(3.16) **PHP-Housing & Urban Health** – Request for approval of a renewal contract with Mercy Services Corporation, in the amount of $582,936, which includes a 12% contingency, to provide property management services in a Direct Access to Housing site, targeting homeless, extremely low-income persons with special needs, including substance abuse, mental health and physical disabilities, for the period of July 1, 2005 through June 30, 2006.

(3.17) **PHP-Housing & Urban Health** – Request for approval of a renewal contract with John Stewart Company, in the amount of $2,036,508, including $984,300 in Tenant Rental Income, to provide property management services serving the Direct Access to Housing sites, for the period of July 1, 2005 through June 30, 2006.

(3.18) **PHP-Housing & Urban Health** – Request for approval of a multi-year renewal contract with San Francisco AIDS Foundation, in the amount of $2,582,483, which includes a 12% contingency, to provide full and partial rental subsidies, targeting people with disabling HIV or AIDS, for the period of July 1, 2005 through June 30, 2009.

(3.19) **PHP-Housing & Urban Health** – Request for approval of a renewal contract with Tenderloin Neighborhood Development Corporation, in the amount of $524,477, which includes a 12% contingency, to provide supportive housing services, targeting homeless seniors, for the period of July 1, 2005 through June 30, 2006.

(3.20) **PHP-Housing & Urban Health** – Request for approval of a multi-year renewal contract with Catholic Charities CYO, in the amount of $1,347,612, which includes a 12% contingency, to provide supportive services in a residential, permanent housing environment at the Peter Claver Community, targeting homeless, low-income adults with HIV/AIDS, for the period of July 1, 2005 through June 30, 2008.

(3.21) **PHP-Housing & Urban Health** – Request for approval of a multi-year renewal contract with Caduceus Outreach Services, in the amount of $206,434, which includes a 12% contingency, to provide case management, psychiatric treatment and policy advocacy services, targeting homeless adults, for the period of July 1, 2005 through June 30, 2007.

(3.22) **PHP-Housing & Urban Health** – Request for approval of a multi-year renewal contract with Homeless Children's Network, in the amount of $100,687, which includes a 12% contingency, to provide individual, family and group counseling as well as crisis intervention and response to very low income residents living with HIV/AIDS and/or disabling physical, substance abuse and/or mental health problems at the Senator and the San Cristina Hotels, for the period of July 1, 2005 through June 30, 2008.

(3.23) **PHP-Housing & Urban Health** – Request for approval of a renewal contract with Lutheran Social Services, in the amount of $144,993, which includes a 12% contingency, to provide third-party rent payee services to residents of the Department of Public Health's Direct Access to Housing sites, for the period of July 1, 2005 through September 29, 2006.

(3.24) **PHP-Housing & Urban Health** – Request for approval of a new contract with Richmond Area Multi Services, in the amount of $1,331,770, which includes a 12% contingency, to provide permanent supportive housing services in a residential care environment at the Broderick Street Adult Residential Program, targeting homeless adults, for the period of July 1, 2005 through June 30, 2006.

(3.25) **PHP-STD Prevention & Control** – Request for approval of a retroactive contract renewal with PHFE Management Solutions, in the amount of $193,850, plus a 12% contingency of $23,262, for a total amount of $217,112, to provide fiscal intermediary services for the Syphilis Prevention Project, for the period of January 1, 2005 through December 31, 2005.

(3.26) **PHP-STD Prevention & Control** – Request for approval of a retroactive contract renewal with PHFE Management Solutions, in the amount of $65,115, plus a 12% contingency of $7,814, for a total amount of $72,929, to provide fiscal intermediary services for the YUTHE Chlamydia Awareness Project, for the period of January 1, 2005 through December 31, 2005.

(3.27) **PHP-CHPP-AAHI** – Request for approval of a renewal contract with Bayview Hunters Point Health and Environmental Resource Center, in the amount of $504,221, to provide health and wellness services, for the period of July 1, 2005 through June 30, 2006.

Commissioners' Comments

- Commissioner Chow asked if there would be specific outcome objectives related to things such as a decrease in asthma rates or cancer rates. Ms. Smyly said there are specific outcome objectives, which she will provide through the Health Commission Executive Secretary.

(3.28) **PHP-CHPP-AAHI** – Request for approval of a renewal contract with Black Coalition on AIDS, in the amount of $351,920, to provide fiscal agent and support services to the African American Coalition for Health Improvement and Empowerment as the community partner for the DPH African American Health Initiative, serving African Americans city wide, for the period of July 1, 2005 through June 30, 2006.

(3.29) **CHP-Primary Care** – Request for approval of a retroactive contract renewal with San Francisco Bar Association, in the amount of $316,747, to provide Supplemental Security Income application assistance to the chronically homeless and mentally ill in San Francisco, for the 26-month period of May 1, 2005 through June 30, 2007.

(3.30) **BHS** – Request for approval of a contract renewal with The Tides Center, in the amount of $57,120, to provide primary care services in its Women's Community Clinic, for the period of July 1, 2005 through June 30, 2006.

Action Taken: The Commission (Chow, Illig, Monfredini, Sanchez, Tarver, Umekubo) approved the Budget Committee Consent Calendar. Commissioner Umekubo abstained from voting on Item 3.1. Commissioner Sanchez abstained from voting on Item 3.6 as it pertains to UCSF and abstained from voting on Item 3.13. Commissioner Tarver abstained from voting on Item 3.15.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Budget Status Update

On June 30th, the Budget and Finance Committee of the Board of Supervisors approved the FY 2005-06 budget for submission to the full Board. Compared with the 04-05 budget, the General Fund has increased $39.5 million. This amount includes $13.9 million of add-backs by the Budget and Finance Committee, consisting of $11.4 from the General Fund and $2.5 in departmental revenues. Also included in the $39.5 million is funding for the nurses MOU and the SRO Collaboratives.

Programs that had been cut in the Mayor's budget that were restored consist of $1.6 million for HIV/AIDS programs, $2.6 million for the SFGH Dialysis Unit, $0.4 million for the residential substance abuse beds, $3.3 million for outpatient substance abuse, $0.1 million for the Sheriff's Jail Recovery and Education Programs, $0.8 million for the pharmacy co-pay, and $1.8 million for at-home nursing. Several of the FY 2004-05 mid-year cuts were restored including $1.1 million for the single standard of mental health care, and $0.8 million for at-home nursing, and $0.1 million for the

SRO family support collaborative. Additional funding was added to the budget consisting of $1.6 million to back-fill the reductions in the FY 2005-06 CARE grant, $0.1 million to implement the Asthma Task Force's recommendations, and $0.6 million for peer-based harm reduction for the homeless in the Tenderloin.

The full Board of Supervisors met today and considered the above budget. In addition to approving the budget, the Board added $1,000,000 to HIV/AIDS for augmenting existing services, and $937,705 to continue the Worker's Compensation Clinic. Citywide the Board increased the Minimum Compensation Ordinance to $10.50 an hour. This will affect DPH contractors who will have their contracts increased to pay for this augmentation. Also, the Board approved $3,280,000 for senior services and long term care reserve in the Department of Human Services. However, these dollars will help many of our clients as well. The Board also restored funding for the full pharmacy co-pay, so there will be no co-pay for people below 100% FPL.

Commissioner Guy Among 1000 Women for Nobel

Dr. Katz congratulated Commissioner Roma Guy whose name was included among a project entitled "1,000 Women for the Nobel Peace Prize 2005." The names of all 1,000 nominees for the project, which seeks to recognize the work of women as peacemakers, was announced at press conferences all over the world on June 29th. Commissioner Guy's nomination appropriately recognizes her as a social justice activist and policy leader in public health, women's rights, poverty, and homelessness, who has worked all her adult life to improve conditions for women. She helped found the San Francisco Women's Building, and developed community-based institutions including a battered women's shelter and a family resource center. Coauthor of "Historical Perspectives on Homelessness, The Police and the Homeless", she has helped to redefine housing as a public health issue and has developed an innovative curriculum at San Francisco State University. The project's team is putting together a book about the lives, strategies and visions of all the nominees and a 1,000 postcards exhibition with photos, short biographies and testimonies. For more information, a website has been established at www.1000peacewomen.org.

Five-Alarm Fire in the Mission District

A fire broke out in the Mission District July 8th at 2:30 a.m. that quickly went to five-alarms. The fire impacted three apartment buildings on 16th Street across from Mission Dolores. A total of 31 apartments were damaged and 66 people left homeless. A temporary shelter was set up at Mission Delores.. DPH was notified at 4:20 a.m. and Charlie Morimoto responded to assist at the scene. It was fortunate that no one was seriously injured. Six people received minor injuries primarily due to smoke inhalation. Some people were on medications, which were successfully retrieved from the apartments. Most of the residents had family or friends for temporary housing. A total of seventeen people were given vouchers for temporary stay at the Oasis Hotel. The Department of Human Services is providing case management services to assist those left homeless to locate permanent housing.

Evaluation of HIV Testing Published

A Center's for Disease Control & Prevention (CDC) study performed in collaboration with the San Francisco Department of Public Health and four other cities showed the successes of San Francisco's efforts to promote HIV testing. The study focused on the outcome of unrecognized HIV infection (persons who are found to be HIV-infected in venue-based screening who did not know that they were infected.) Dr. Katz reported that San Francisco had the lowest rate of unrecognized HIV infection as shown below. This indicates that we are doing a better job than other cities in getting high-risk persons in for HIV testing.

HIV prevalence and proportion of unrecognized HIV infection among men who have sex with men by city

City	Total tested	Unrecognized HIV infection No.	%
Baltimore	462	115	(62)
Los Angeles	382	31	(42)
Miami	222	19	(46)
New York City	336	32	(52)
San Francisco	365	20	(23)

YouthPOWER Project to Redecorate Liquor Stores on Third Street

Students from the YouthPOWER Project at the Thurgood Marshall Academic High School redecorated five corner stores on Third Street by replacing alcohol advertisements with positive pictures of the Bayview Hunters Point community and San Francisco. These youth also painted walls and provided signs stating it is illegal to sell alcohol to minors. Students will start this project on July 18th and finish by July 30th.

Surveys completed by YouthPOWER Project found an average of 20 alcohol advertisements inside these stores. Removing some or all of the alcohol advertisements will decrease the influence these ads have on young people to drink. Likewise, putting positive pictures of the Bayview Hunters Point community will make the interior of these stores more pleasant for young customers.

On July 18th YouthPOWER received numerous press coverage. Reporters and cameras from Fox Channel 2, ABC Channel 7, and NBC Channel 11 interviewed and filmed the youth. Reporters and photographers from the SF Chronicle and SF Examiner also came. YouthPOWER is a program through the SFDPH - Community Health Education Section to reduce youth alcohol, substance use and violence in Bayview Hunters Point. For more information, please contact Ana Validzic at 415/581-2478 or ana.validzic@sfdph.org.

Project Homeless Connect 6

The next Project Homeless Connect is scheduled for Friday, August 5th. As the Commissioners know, Mayor Newsom's Project Connect has been a highly successful series of events attracting thousands of volunteers. Those who give their time to the event—which includes private citizens, City staff and corporate employees—spend the day assisting individuals who are homeless connect to a variety of services. This next event will feature two new partners, the San Francisco Food Bank and San Francisco Bar Association's Volunteer Legal Services Program. The Food Bank will be providing a bag of food containing fruits, energy bars and other grocery items to every client that attends Project Homeless Connect 6. The Volunteer Legal Services Program (VLSP) will provide free legal aid, improving the legal services at all Project Homeless Connect events. As it has done at all Project Homeless Connect events, the Department will be well represented by both volunteers and staff working out of our programs.

Energy Balance Kick-Off

"Energy Balance"—a new labeling program at SFGH Cafeteria, designed to help visitors, patients and staff make informed choices at the cafeteria line—made its debut Thursday, July 7th. The main goal of this health promotion campaign is to provide cafeteria patrons with information that will help them make informed dietary choices by providing labels on all of the food items that answer the following questions: "How many calories, how much saturated fat and how much sodium are contained in the cafeteria selections?"

Cafeteria selections that contain less than 500 calories, 7% saturated fat and 1,000 mg of sodium are awarded an "Energy Balance" logo. By using this information in combination with education on balancing calorie consumption and exercise, cafeteria patrons have a good foundation to build on a healthy lifestyle for themselves and their families at work and at home.

Community Health Network, San Francisco General Hospital, Credentials Report July 2005

	07/05	07/05 to 07/05
New Appointments	13	13
Reinstatements	0	0
Reappointments	39	39
Delinquencies:	0	
Reappointment Denials:	0	
Resigned/Retired:	24	24
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Deceased	0	0
Changes in Privileges		
Additions	7	7
Voluntary Relinquishments	3	3
Proctorship Completed	4	4
Proctorship Extension	6	6
Current Statistics – as of 07/1/05		
Active Staff	463	
Affiliate Professionals (non-physicians)	197	
Courtesy Staff	549	
TOTAL MEMBERS	1,209	
Applications In Process	48	
Applications Withdrawn Month of July 2005	0	0 (07/05 to 07/05)
SFGH Reappointments in Process Aug. 2005 to Nov. 2005	166	

Commissioners' Comments

- Commissioner Monfredini asked what cuts remain to the Health Department. Dr. Katz said they lost dollars for administration and operation, travel and a small amount for equipment. Overall, the Department sustained very few cuts. It has been a tumultuous budget season, with the largest swing in recent memory between the proposed budget reductions and the actual budget reductions. Commissioner Monfredini thanked her fellow commissioners for having an exemplary process and sending a prioritized budget list to the Board of Supervisors. She also congratulated Commissioner Guy for being nominated for the Nobel Peace Prize.

- Commissioner Illig is thrilled with the budget restoration, but the process is absurd. It is unacceptable that clients need to fear losing services, come to public hearings, write letters, etc. just to have cuts be restored. People must speak to the leaders across the street, and urge them to do things differently.

- Commissioner Chow said budget process, particularly the prioritization process, allows additional scrutiny and oversight of the various divisions of the Department of Public Health and allows the Commission and public to evaluate outcomes. So even though the end result for the Health Department was quite different, the process was not fruitless.

- Commissioner Tarver noted that the mid-year budget cuts have had an impact, which should be acknowledged. He has requested information about how the administrative budget cuts have impacted the number of African American staff. He also recommended that the Department and Commission get ahead of the curve for next year's budget, to plan for the time when the budget situation would be improved, and develop Health Commission priorities for restoration.

- Commissioner Umekubo said Commissioners never get used to hearing the impact of budget cuts through public testimony. Each decision he made was very difficult, and if he had his choice he would not have cut any programs. But the process necessitated that the decisions be made, and it was an educational process. He is delighted that this year the Department came out all right.

- Commissioner Sanchez is pleased with the restorations, but emphasized that we are still not at the level that would allow for total success. He thanked everybody who came to the various public meetings to express their opinions, concerns and opposition. That fact that the whole community gets involved in this process demonstrates that democracy is alive and well in San Francisco.

5) PRESENTATION OF THE EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF JULY

Commissioner Sanchez presented the employee recognition awards for the month of July.

Individual Awardee #1	Division	Nominated By
Wanda Materre Health Worker	Community Behavioral Health Services	Mrs. Knight, CBHS Client

Individual Awardee(s)	**Division**	**Nominated By**
Brenda Walker Director of Budget & Finance,	AIDS Office	Jimmy Loyce Michelle Long

6) CONSIDERATION OF A RESOLUTION APPROVING THE STRATEGIC ALLIANCE'S RECOMMENDATIONS ON HEALTHY FOOD AND PHYSICAL ACTIVITY

Christina Carpenter, Health Promotion Consultant, Community Health Promotion and Prevention Branch, presented the Strategic Alliance's recommendations on healthy food and physical activity. The Alliance's recommendations are important for several reasons:

- They present a platform for Governor Schwarzenegger's summit on Obesity and Physical Activity that he is holding on September 15, 2005. At this summit he will engage a range of industries and agencies and ask them to commit to taking action to create healthier settings Californians.
- They help set directions/guidance for a wide range of entities for significant and important change as it relates to creating safe, healthy and active environments for our communities.
- The strategies outlined are in alignment with the Health Department's Prevention Strategic Plan and the Department's Strategic Plan goals.
- They build on the work of the Childhood Nutrition and Physical Activity Task Force Recommendations that the Health Commission endorsed in January of this year.
- The Citywide Chronic Disease Prevention Consortium supports these recommendations.
- These recommendations are forward thinking and far reaching, supporting our efforts as we develop primary prevention and policy level responses to this epidemic of obesity, physical inactivity and associated chronic diseases.

If adopted, the Health Department will be the first to formally support these recommendations, helping set the stage for California to be a leader in supporting healthy communities. Additionally, Supervisor Maxwell will introduce a resolution supporting the Alliance recommendations to the Board of Supervisors for endorsement as well.

Leslie Mikkelsen, Managing Director of the Prevention Institute, said the context of the recommendations is that instead of focusing on individual lifestyle choices, environment and culture must be taken into consideration. The primary goal is to create environments where healthy options are the easy options. She highlighted some of the recommendations:

- ➢ Provide equitable access to public facilities
- ➢ Improve access to healthy foods
- ➢ Implement and adopt "Complete Streets" policies
- ➢ Eliminate food marketing to children

Public Comment

- Dr. Philip Ziring, DPH MCH pediatrician, spoke in support of the Strategic Alliance recommendations. Of primary concern among his colleagues the prevalence of obesity in children. The resulting health impacts are going to be very expensive. It is very difficult for local governments to take on the entire universe that impacts healthy eating. He encouraged focusing on families of very young children through childcare centers, family day care, etc.

- Jeffrey Sterman, Kaiser Permanente, urged the Commission to be forward thinking about these recommendations, as it has been with tobacco and AIDS programs. San Francisco should be at the forefront and Kaiser stands at the ready to be a partner in this effort.

Commissioners' Comments

- Commissioner Monfredini said the reality is that McDonald's often looks really good to working mothers and fathers who have to get dinner after picking their kids up from daycare. She believes in this effort, but there has to be recognition that parents are exhausted. Are there health education programs available to people to help them in this area? Mr. Sterman said that Kaiser has a number of health education programs and he will commit to talking with Kaiser's health education department to develop a specific curriculum around this area. Ms. Carpenter added that the Health Department does some cooking demonstrations in the community.

- Commissioner Sanchez said DPH has been involved in a number of innovative healthy food programs in the school. The challenge is to sustain these programs, because at the same time other efforts are being eliminated due to budget cuts. This is an exciting effort, but needs to be based in reality.

- Commissioner Chow suggested amending the resolution to endorse the Strategic Alliance principles, upon which the recommendations are based, and commend the specific recommendations to the Governor's Summit for discussion.

- Commissioner Tarver encouraged consideration of other ideas such as healthy worksites, flexibility during the workday to exercise, and other things. There are opportunities to have a more healthy culture without costing a lot of money.

- Commissioner Umekubo, as a family practitioner, struggles with this issue with patients every day. Education is very important, but so is the environment. He and others are looking for ideas and best practices, which hopefully will come out of the Governor's Summit.

Action Taken: The Commission (Chow, Illig, Monfredini, Sanchez, Tarver, Umekubo) amended the resolution so that the last Further Resolved clause reads, "that the Health Commission supports the principles of the Strategic Alliance to promote healthy food and activity environments; and commends the Taking Action recommendations to the Governor's Summit for consideration.

Action Taken: The Commission (Chow, Illig, Monfredini, Sanchez, Tarver, Umekubo) approved Resolution 11-05, "Endorsing the Principles of the Strategic Alliance: 'Taking Action for a Healthier California,'" as amended (Attachment A).

7) PRIMARY CARE UPDATE

Michael Drennan, M.D., Director of Primary Care, presented the 2005 Annual Report for Community Oriented Primary Care (COPC). Dr. Drennan said there have been many changes to COPC due to reorganizations, budget reductions and other factors. A number of people have new roles and he is pleased to bring this update to the Commission.

COPC is a synthesis of primary care, community medicine and public health. Principles include primary care, a defined population, organized methods to assess communities, programs targeting health needs of the community and involvement by the community.

Dr. Drennan described COPC staffing as well as the demographics of COPC's target population, including age, ethnicity, gender, neighborhood, insurance status and primary language. He then discussed COPC in terms of the Department of Public Health's Strategic Plan goals.

In terms of access to care, COPC provides personal health services and population based services. Examples include linkage with primary care physicians, expanded health services, street and community outreach, tuberculosis screening and nutrition education services. In 2003-2004, there were 121,411 medical provider encounters and 210,074 total encounters at the health clinics. This is an increase over the previous year, so even with the changes, the clinics have been able to improve efficiency and provide more encounters.

Dr. Drennan described primary care's quality improvement efforts. Dr. Lisa Johnson is the new director of this effort. The 2005 focus is to update and streamline policies and procedures and reporting forms, including the establishment of requirements for mandatory morbidity review. They are also holding "QI 101" workshops, and providing health center-specific consultations.

Dr. Drennan described COPC's finances in terms of revenue and payor sources. There has been an emphasis on revenue enhancements efforts, including improved PFS efforts to target lost collections, improve payor source linkage, feedback to staff, billing, compliance training, and the establishment of a Revenue Enhancement Committee chaired by the DPH CFO. New revenue initiatives have been approved for FY 05-06 include expanded podiatry and expanded primary care nurse practitioners in mental health clinics.

Chronic Disease Care Improvement Activities include three chronic disease care conferences in the past years, diabetes monitoring reports, chronic disease collaboratives for diabetes at Chinatown, Silver Avenue, Potrero Hill and the Family Health Center at SFGH, and IDEALL (a DM and language, literacy program). They also have the eye van and an access enhancement grant.

Dr. Drennan updated the Commission on various activities related to the integration of primary care and behavioral health services, as well as efforts to end health disparities.

Future Challenges

- Strategic Planning renewed April 2005, with multi-year plan due December 2005.
- Access to care for unaffiliated individuals – specific efforts target the Emergency Department, Urgent Care Clinic and SFGH discharge, Jail Health and mental health and substance abuse programs.
- Loss of the Patient Referral and Assistance Program at SFGH. This has had an impact getting people connected to primary care. They are partnering with the San Francisco

Community Clinic Consortium on the 10,000 referral project. There is improved COPC referral information, and they have provided expanded access to the lifetime clinical record to help providers determine if a patient is already connected to a clinic.

- Open Access Scheduling. Potrero Hill and Castro Mission have had pilot programs since February 2003. At these clinics the no show rates have been cut in half and productivity has increased. This has been a great system change and they are looking at implementing at other clinics.
- Patient Visit Redesign. The goal is to decrease total patient visit time to improve productivity, patient and staff satisfaction.
- Capital Improvements
- Chronic Disease Management Challenges – sustaining gains made through
- Primary Care Indicators Project – promoted by Dr. Katz
- Reducing preventable emergency room and institutional care
- Emergency Preparedness in COPC

Commissioners' Comments

- Commissioner Sanchez thanked Dr. Drennan for his comprehensive overview of this very complex system.

- Commissioner Chow said the Commission has been waiting a number of years to see the vision for primary care. This report provides a cohesive vision. He is interested in the new quality improvement efforts, and asked where the Health Commission would be involved in the quality review process. Dr. Drennan said currently COPC reports through the PIPS committee at SFGH. COPC makes an annual report to the PIPS Committee. In addition, Ms. Garcia is reinventing quality improvement within Community Programs with the goal of developing better linkages. Commissioner Chow would like additional oversight, above and beyond the annual report. He asked the President to work with Dr. Katz and Dr. Drennan to determine the best forum for more consistent quality assurance oversight.

- Commissioner Umekubo said that Primary Care is discussed in various QI meetings at SFGH, but there is not a lot of discussion at the monthly Joint Conference Committee closed sessions. He would welcome more involvement. Dr. Katz said there are two levels of quality review. One is the regular review of quality measures and quality initiatives, which are most appropriately discussed at the CPS Joint Conference Committee, or at whichever JCC primary care is represented. The other quality issue is review of sentinel events, which are less common. These are reviewed through the PIPS structure and would be discussed, if necessary, at the SFGH Joint Conference Committee.

- Commissioner Chow asked how the Department is working with the Community Clinic Consortium. Dr. Drennan noted that the Consortium Clinics now have access to the Lifetime Clinical Record, which was a major advance. Dick Hodgson from the San Francisco Community Clinic Consortium said they are ramping up the 10,000 referrals project, with the goal of implementing it over 18 months.

- Commissioner Tarver said there are serious access challenges. Many of the health centers have a 90-day waiting list for appointments, and some do not have capacity for new patients. He would like to get periodic updates on the results of the various efforts that are underway to improve access. Dr. Lisa Johnson said one of the challenges is getting accurate data about the cohort of clients that are served by a particular provider at a particular clinic. Better data would allow for more efficient service of current clients, which would open space for new clients. Commissioner Tarver encouraged the sharing of best practices at the various clinics, because different clinics try different things. He also emphasized the need to recruit and hire clinicians of color.

- Commissioner Illig said there needs to be a stronger linkage between DPH clinics and the community clinics because they serve the same people. Perhaps there could be cross evaluation between different clinics. He also recommended that staff begin analyzing potential budget reduction scenarios now, so that if next year the Department is in the same fiscal situation, we are not forced to bring last minute recommendations like closing a clinic. Dr. Katz said that while there is more to be done with community clinics, a lot of steps have been taken over the past few years. Community Clinic Consortium patients get pharmaceutical, radiology, obstetrics and specialty care services from DPH. Dr. Katz would also like to evaluate efficiencies on number of visits and number of unduplicated clients, rather than just waiting times. Mr. Hodgson said there are more and more people coming through the door, and the entire system is struggling to meet the need.

- Commissioner Chow would also like Primary Care leadership to inform the Commission about where they would like to rebuild, in the event the opportunity arises.

- Commissioner Sanchez said the Department is fortunate to have such effective primary care leadership, because the infrastructure has been reduced over the past number of years.

8) UPDATE ON SUPERVISOR DALY'S PROPOSED CHARTER AMENDMENT ESTABLISHING BASELINE FUNDING FOR THE DEPARTMENT OF PUBLIC HEALTH AND CONSIDERATION OF A RESOLUTION REGARDING THE CHARTER AMENDMENT

Scott Boule, Assistant Director of Policy and Planning, provided an overview of a charter amendment that Supervisor Daly has proposed that establishes baseline funding for the Department of Public Health. It establishes an Emergency Health Care Services Fund that would be separate from all other city funds. Resources from the Fund would be available for all aspects of the Department's operation or to pursue the goal of universal health care. Fiscal Year 2004-05 would serve as the base year and, starting in FY06-07, the Fund would receive a General Fund appropriation equal to funding provided for DPH during the base year. DPH's General Fund appropriation that year was $231 million. In addition, the Department received $8.4 million in supplemental funds and $26.5 million was appropriated for jail health services, bringing total base year funding to $259.9 million. Each year, that amount would be adjusted by the percentage increase or decrease in aggregate City and County discretionary revenues. All other public health funds from any source, including state and federal sources or a dedicated local sales tax would go into the Fund as well. The charter amendment allows for adjustments to the base, and specifies how this happens.

Supervisor Daly has also proposed an increase in the sales tax to generate additional revenue specifically *for health services. Supervisor Daly believes that adding this Charter Amendment* makes passage of the dedicated sales tax more likely by assuring voters that the additional revenue generated for public health from the sales tax will not be offset by reductions in amounts from the General Fund. On July 7th, the Rules Committee forwarded this Amendment without recommendation to the full Board. It is being considered today. The deadline for inclusion on the November ballot is July 29th.

Public Comment

- Dick Hodgson, San Francisco Community Clinic Consortium, said the Community Clinic Consortium supports this proposal with one caveat. They would like to see a clearer definition of community-based providers, and clarification about the specific role of the Consortium Clinics.

Commissioners' Comments

- Commissioner Illig is torn by this proposal. On the one hand, this would solve the problem of annual budget tug of wars that the Health Department engages in. On the other hand, this would take 25 percent of the discretionary funding off the table, and prohibit any discussion about important competing issues.
- Commissioner Tarver supports the effort to provide parameters to support public health, and he is supportive of the charter amendment.
- Commissioner Chow said the charter amendment runs contrary to the idea that the elected legislative body is responsible for determining budget allocations to meet the needs of the community. At the same time, the budget process is often irrational, and Health Commission deliberations and recommendations are often not heeded. That said, he believes it is up to the people to determine through the election whether this is something they want.
- Commissioner Sanchez also has mixed feelings about the proposal, but the bottom line is that the Health Department needs more resources.
- Commissioner Umekubo supports the amendment because it ensures adequate funding for public health.

Action Taken: The Commission (Chow, Illig, Sanchez, Tarver, Umekubo) approved Resolution 12-05, "Supporting Increased Fiscal Authority for the Health Commission and Department of Public Health and Supporting the Concept of Stable, Predictable and Adequate Funding for Health Services," (Attachment B).

9) UPDATE ON PROPOSED REGULATIONS TO MEDICAL CANNABIS DISPENSARIES

Scott Boule, Assistant Director of Policy and Planning, presented an overview of two pieces of medical cannabis legislation that are pending before the Board of Supervisors. Currently, there is an interim zoning moratorium throughout the City on clubs or dispensaries where marijuana is grown, purchased or distributed with a medical recommendation. Supervisors Mirkarimi and Sandoval have both introduced legislation to create permanent guidelines for Medical Cannabis dispensaries that would replace the interim measure.

Supervisor Mirkarimi's legislation has a direct impact on the Health Department, significantly expanding its role in the regulation of medical cannabis. It requires that medical cannabis dispensaries obtain a permit to operate from DPH, which will cost $7,396. This fee will cover the cost of administering the program. DPH would then copy and send the applications to the San Francisco Police Department for criminal background checks on applicants, the Department of Building Inspection and Fire Department for relevant code compliance and security inspections, and the Planning Department for Planning Code compliance. When these departments have completed their review and returned the applications to DPH, the Department would hold a hearing to determine whether the permit application complied with City policy. Applications that meet City standards will be approved at the hearing. DPH would be responsible for issuing regulations governing the operation of dispensaries, including requirements that dispensaries provide specific information to patients, prohibit alcoholic beverages and require employees to use protective gloves when handling cannabis.

The Mirkarimi legislation also limits possession and dispensary profits, hours, sale of drug paraphernalia and other aspects of operation, and requires that dispensaries have a business license costing $2,182 annually and a business registration certificate from the City.

The Health Department would also be responsible for inspecting dispensaries at least twice per year, assuring the accuracy of dispensaries' scales and issuing fines and suspensions for violations. The final decision of the Director of Health to grant, deny, suspend or revoke a permit, or to impose administrative sanctions could be appealed to the Board of Appeals.

Both the Mirkarimi and Sandoval bills address zoning, amending the Planning Code to prohibit dispensaries in residential-house and residential-mixed zoning districts and implementing additional restrictions based on a dispensary's proximity to schools, neighborhood centers, drug treatment centers, other dispensaries and other entities. Supervisor Mirkarimi would give existing dispensaries 18 months to obtain a permit, and Supervisor Sandoval would allow only 12 months to do so. Both bills will likely be heard in committee sometime in August before being passed to the full Board for consideration. Staff will keep the Commission apprised of the legislation as it moves forward.

Commissioners' Comments

- Commissioner Illig said the medical aspect of marijuana has already been established, DPH does its part, and there is no reason for the Department to be further involved. The rest of the issue is in the purview of zoning, planning and land use. He suggested sending a letter to the Board supporting Supervisor Sandoval's legislation and opposing Supervisor Mirkirimi's legislation. Dr. Katz said that the Health Department wants to maintain access to cannabis. However if DPH is charged with regulating the entire system, it takes away from the primary mission of the Health Department.

- Commissioner Chow said that both pieces of legislation come from a well-meaning attempt to address concerns from constituencies about the proliferation of dispensaries. However, if the Health Department is to play a larger role, the Board of Supervisors has to recognize that it would have an impact on the already lean DPH workforce. We should urge the Board to focus on simplicity and recognize the Health Department's mission.

- Commissioner Tarver is concerned about adding an entirely new bureaucracy to the Department of Public Health.

10) PUBLIC COMMENT/OTHER BUSINESS

None.

11) ADJOURNMENT

The meeting was adjourned at 6:45 p.m.

Michele M. Seaton

Michele M. Seaton
Executive Secretary to the Health Commission

Attachments: (2)

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be reflected in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

Health Commission
City and County of San Francisco
Resolution No. 11-05

Endorsing the Principles of the Strategic Alliance: "Taking Action for a Healthier California"

WHEREAS, unhealthful nutrition and physical inactivity among children and youth have become a national epidemic and a health crisis with profound medical implications; and

WHEREAS, children born today may have shorter life spans than their parents; ~~and~~

WHEREAS, this epidemic disproportionately impacts African American and Latino youth, such that the risk for diabetes is one in two among Latino and African American children and one in three for other children; and

WHEREAS, the cost of obesity and physical inactivity to California is 28 billion dollars a year; and

WHEREAS, the Strategic Alliance developed recommendations with the input of professionals across California for the Governor's Summit on Obesity; and

WHEREAS, the Strategic Alliance recommendations address food and beverage industry, employers, entertainment and professional sports, health care insurers and providers, government and school; and

WHEREAS, the Strategic Alliance recommendations are in accord with those of the Citywide Nutrition and Physical Activity Task Force Recommendations, endorsed by the Health Commission in January, 2005; and

WHEREAS, the San Francisco Citywide Chronic Disease Prevention Consortium supports the Strategic Alliance Recommendations; now, therefore, be it

RESOLVED, that the Health Commission commends the Strategic Alliance for its commitment to improving access and utilization of nutrition and physical activity opportunities for children and youth in California; and be it

FURTHER RESOLVED, that the Health Commission endorses the principles of the Strategic Alliance to promote healthy food and activity environments and commends the Taking Action recommendations to the Governor's Summit for consideration.

Health Commission
City and County of San Francisco
Resolution No. _____11-05_ (continued)

I hereby certify that the San Francisco Health Commission at its meeting of July 19, 2005 adopted the foregoing resolution.

Michele M. Seaton

Michele M. Seaton
Executive Secretary to the Health Commission

Health Commission
City and County of San Francisco
Resolution No. 12-05

SUPPORTING INCREASED FISCAL AUTHORITY FOR THE HEALTH COMMISSION AND DEPARTMENT OF PUBLIC HEALTH AND SUPPORTING THE CONCEPT OF STABLE, PREDICTABLE AND ADEQUATE FUNDING FOR HEALTH SERVICES

WHEREAS, Supervisor Chris Daly has proposed a Charter Amendment regarding the Department of Public Health; and,

WHEREAS, the proposed Charter Amendment increases the fiscal authority of the Health Commission; establishes stable baseline funding for the Department of Public Health; and designates universal healthcare as a goal; and,

WHEREAS, the Health Commission applauds the goal of the Charter Amendment to increase authority of the Health Commission and to ensure the continued provision of high-quality health services and programs; and,

WHEREAS, the electorate will also be voting on a 0.25 percent dedicated sales tax to ensure increased resources for health services; and,

WHEREAS, contributions for the Department from the General Fund have decreased two out of the past three years; and,

WHEREAS, ongoing budget shortfalls at the federal, state and local levels, high numbers of people without health insurance, Federal and State policy changes that reduce Medi-Cal and Medicare payments, shortages in many key health professions, and double digit increases in the cost of drugs, pharmaceuticals and medical supplies continue to strain existing health services; and

WHEREAS, the Health Commission's resolution approving submission of the Department's FY05/06 budget expressed strong opposition to service cuts that reduce safety net services and strongly urged the Mayor and the Board of Supervisors to preferentially protect health and human services over other services funded by the City and County if the City cannot identify enough new revenue to prevent reductions; now, therefore, be it

RESOLVED, that the Health Commission supports the concept of stable, predictable and adequate funding for the Health Department, including retaining earnings from its enterprises, and the base budget should be sufficient to adequately cover all health services.

Health Commission
City and County of San Francisco
Resolution No. _____12-05_ (continued)

I hereby certify that the San Francisco Health Commission at its meeting of July 19, 2005 adopted the foregoing resolution.

Michele M. Seaton
Executive Secretary to the Health
Commission

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Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

James M. Illig
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

Donald E. Tarver, II, M.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.sfdph.org

Agenda

CANCELATION NOTICE

FOR

SAN FRANCISCO HEALTH COMMISSION

The regular meetings of the San Francisco Health Commission scheduled for Tuesday, July 5, 2005 and Tuesday, August 2, 2005 have been canceled. The next regularly scheduled meeting will be Tuesday, July 19, 2005, 3:00 p.m.

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An agenda will follow.

For information please call the Commission Office at 554-2666.

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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AGENDA

HEALTH COMMISSION MEETING

Tuesday, August 16, 2005
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. AT 101 GROVE.

THE HEALTH COMMISSION WILL ACT ON THOSE CONSENT CALENDAR ITEMS THAT HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JULY 19, 2005**
**Minutes of the meeting of July 19, 2005*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner James M. Illig)

(3.1) **Central Administration–Policy and Planning** - Request for approval to accept and expend forty-seven recurring grants from the State of California, for Fiscal Year 2005-2006, in the total amount of $29,596,579.
** Grant summary, List of Recurring Grants, Resolution*

(3.2) **PHP–Community Health Promotion and Prevention** - Request for approval to accept and expend a grant from the California Office of Traffic Safety, in the amount of $337,725, to improve pedestrian safety in San Francisco, for the period of October 1, 2005 to December 31, 2007, and a contract with O'Rorke PR, Inc., for media services, in the amount of $90,000, for the same time period.

** Grant summary, Budget, Grant information form, List of contractor's board members*

(3.3) **PHP–Community Health Promotion and Prevention** - Request for approval to accept and expend a grant from the California Office of Traffic Safety in the amount of $563,195 to improve child passenger safety in San Francisco, for the period of October 1, 2005 to December 31, 2007, and contracts with the San Francisco Study Center, for fiscal intermediary services, in the amount of $180,000, for the same time period and with O'Rorke PR, Inc., for media services, in the amount of $90,000, for the same time period.

** Grant summary, Budget, Grant information form, Lists of contractors' board members*

(3.4) **PHP–Community Health Promotion and Prevention** - Request for approval to accept and expend an Environmental Justice Planning Grant from the California Department of Transportation, in the amount of [illegible]41, to improve pedestrian safety in the Bayview Hunters Point neighborhood of San Francisco, for the period of January 1, 2006 to June 30, 2007, and a contract with the San Francisco Study Center, for fiscal intermediary services, in the amount of $123,200, for the same time period.

** Grant summary, Budget, Grant information form, List of contractor's board members*

(3.5) **PHP–Community Health Promotion and Prevention** - Request for approval to accept and expend a grant from the San Diego State University Research Foundation, in the amount of $55,000, to facilitate development of training resources and a support network for injury prevention professionals in California, for the period of August 15, 2005 to June 30, 2007 and a contract with the San Francisco Study Center, for fiscal intermediary services, in the amount of $4,000, for the same time period.

** Grant summary, Budget and Justification, Grant information form, List of contractor's board members*

(3.6) **PHP–Occupational and Environmental Health** - Request for approval to accept and expend retroactively a one-time award from the California Department of Health Services, in the amount of $175,426.20, for the control of mosquitoes to mitigate the threat of West Nile virus transmission, for the period of July 1, 2005 to June 30, 2006.

** Grant summary, Grant information form, Budget information pages*

(3.7) **PHP-CHSS-TB Control** - Request for approval of a retroactive contract renewal with the Regents of the University of California, in the amount of $115,021, to provide STD prevention services targeting men who have sex with men, for the period of January 1, 2005 through December 31, 2005.

** Contract summary, Monitoring report summary, Client demographic information form*

(3.8) **PHP-Housing & Urban Health** - Request for approval of a retroactive renewal contract with Ark of Refuge, Inc., in the amount of $329,687, which includes a 12% contingency, to provide residential substance abuse treatment at Restoration House, for the period of March 1, 2005 through February 28, 2006.

** Contract summary, Monitoring report summary and response, Client demographic information form*

(3.9) **PHP-Housing & Urban Health** - Request for approval of a retroactive renewal contract with Baker Places, Inc., in the amount of $1,755,406, which includes a 12% contingency, to provide residential treatment, supportive services, continuing care services and rental subsidies for persons with HIV/AIDS, substance use and mental health issues, for the period of March 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report summary and response, Client demographic information form*

(3.10) **PHP-Housing & Urban Health** - Request for approval of a retroactive renewal contract with Baker Places, Inc., in the amount of $663,647, which includes a 12% contingency, to provide supportive services, case management services for the Direct Access to Housing (DAH) tenants at the Star and Camelot Hotels, for the period of March 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report summary and response, Client demographic information form*

(3.11) **PHP-Housing & Urban Health** - Request for approval of a retroactive renewal contract with Black Coalition on AIDS, in the amount of $393,548, which includes a 12% contingency, to provide transitional housing, case management and groups at the Brandy Moore House, for the period of March 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report summary and response, Client demographic information form*

(3.12) **PHP-Housing & Urban Health** - Request for approval of a retroactive renewal contract with Catholic Charities CYO, in the amount of $627,389, which includes a 12% contingency, to provide supportive housing services at the Derek Silva Community, for the period of March 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report summary and response, Client demographic information form*

(3.13) **PHP-Housing & Urban Health** - Request for approval of a retroactive renewal contract with Catholic Charities CYO, in the amount $584,105, which includes a 12% contingency, to provide partial rent subsidy and housing advocacy services, for the period of March 1, 2005 through February 28, 2006.
** Contract summary, Monitoring report summary and response, Client demographic information form*

(3.14) **PHP-Housing & Urban Health** - Request for approval of a retroactive renewal contract with Larkin Street Youth Services, in the amount of $614,901, which includes a 12% contingency, to provide comprehensive housing and attendant care services, for the period of March 1, 2005 through February 28, 2006.
** Contract summary, Monitoring report summary and response, Client demographic information form*

(3.15) **PHP-Housing & Urban Health** - Request for approval of a retroactive renewal contract with Lutheran Social Services, in the amount of $124,970, which includes a 12% contingency, to provide supportive services and case management services to residents of the Hazel Betsey site, for the period of March 1, 2005 through February 28, 2006.
** Contract summary, Monitoring report summary and response, Client demographic information form*

(3.16) **PHP-Housing & Urban Health** - Request for approval of a retroactive renewal contract with Mercy Services Corporation, in the amount of $539,134, to provide property management services in a DAH site, targeting homeless, extremely low-income persons with special needs, including substance abuse, mental health and physical disabilities, for the period of July 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report summary and response, Client demographic information form*

(3.17) **PHP-Housing & Urban Health** - Request for approval of a retroactive renewal contract with San Francisco AIDS Foundation, in the amount of $2,839,038, which includes a 12% contingency, to provide full and partial rental subsidies, targeting people with disabling HIV or AIDS, for the period of March 1, 2005 through February 28, 2006.
** Contract summary, Monitoring report summary and response, Client demographic information form*

(3.18) **PHP-Housing & Urban Health** - Request for approval of a retroactive renewal contract with Tenderloin AIDS Resource Center, in the amount of $284,637, which includes a 12% contingency, to provide emergency hotel rooms and client-centered emergency on-site services to medically stable homeless individuals living with HIV/AIDS, for the period of March 1, 2005 through February 28, 2006.
** Contract summary, Client demographic information form*

(3.19) **PHP-Housing & Urban Health** - Request for approval of a retroactive renewal contract with Walden House, in the amount of $81,715, which includes a 12% contingency, to provide supportive services in a permanent housing environment at the Planetree Program, targeting very low-income adults who have disabling AIDS/HIV and substance abuse concerns, for the period of March 1, 2005 through February 28, 2006.
** Contract summary, Monitoring report summary and response, Client demographic information form*

(3.20) **AIDS Office-HIV Health Services** – Request for approval of a retroactive contract renewal with Lutheran Social Services of Northern California, in the amount of $504,389, to provide AIDS financial services (money management and representative payee), targeting very low-income persons with disabling HIV/AIDS, for the period of March 1, 2005 through February 28, 2006.
** Contract summary, Monitoring report memo, Monitoring report, Client demographic information form*

(3.21) **AIDS Office-HIV Health Services** – Request for approval of a retroactive contract renewal with AIDS Community Research Consortium, in the amount of $98,635, to provide client advocacy and treatment adherence services, targeting monolingual and bilingual Spanish-speaking HIV-positive Latino/as living in the Eligible Metropolitan Area, for the period of March 1, 2005 through February 28, 2006.
** Contract summary, Monitoring report summary, Monitoring report response memo, Client demographic information form*

(3.22) **AIDS Office-HIV Health Services** – Request for approval of a retroactive contract renewal with Walden House, Inc., in the amount of $1,073,010, to provide residential substance abuse and comprehensive monitored residential detox services, targeting HIV-positive substance abusing adults and youth, for the period of March 1, 2005 through February 28, 2006.
** Contract summary, Monitoring report summary, Monitoring report response memo, Client demographic information forms*

(3.23) **AIDS Office-HIV Health Services** – Request for approval of a retroactive contract renewal with Catholic Charities CYO (Leland House & Peter Claver Community), in the amount of $154,901, plus a 12% contingency amount of $18,588, for a total amount of $173,489, to provide patient care services (attendant care services) to low-income homeless San Francisco residents with HIV or AIDS between the ages of 18 to 59, for the period of March 1, 2005 through February 28, 2006.
** Contract summary, Monitoring report summary, Various CC CYO Policy forms, Client demographic information forms*

(3.24) **AIDS Office-HIV Health Services** – Request for approval of a retroactive contract renewal with Haight Ashbury Free Clinic, Inc., in the amount of $578,818, plus a 12% contingency of $69,458, for a total amount of $648,276, to provide residential detox and substance abuse services targeting HIV+ substance abusers, for the period of March 1, 2005 through February 28, 2006.
** Contract summary, Monitoring report summary, Monitoring report response memo, Client demographic information forms*

(3.25) **AIDS Office-HIV Health Services** – Request for approval of a retroactive contract renewal with UCSF/Pediatric HIV/AIDS Program, in the amount of $155,979, plus a 12 percent contingency amount of $18,717, for a total amount of $174,696, to provide primary care, case management, psychosocial and nutritional counseling services to HIV+/ HIV indeterminate children and adolescents from low-income uninsured or underinsured families that have no other source of health care, for the period of March 1, 2005 through February 28, 2006.
** Contract summary, Monitoring report summary, Monitoring report response memo, Client demographic information form*

(3.26) **AIDS Office-HIV Health Services** – Request for approval of a retroactive contract renewal with AIDS Legal Referral Panel, in the amount of $74,800, plus a 12 percent contingency amount of $8,976, for a total amount of $83,776, to provide legal assessment, consultation, or representation to individuals with HIV infection in San Francisco, for the period of July 1, 2005 through February 28, 2006.
** Contract summary, Monitoring report summary, Client demographic information form*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **PRESENTATION OF THE EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF AUGUST**
**List of Awardees*

6) **FOR DISCUSSION:** **4TH QUARTER FINANCIAL REPORT**
(Gregg Sass, DPH Chief Financial Officer)
**Report*

7) **FOR DISCUSSION:** **LONG TERM CARE REPORT**
(Anne Kronenberg, Deputy Director of Health)
**Report*

8) **PUBLIC COMMENT/OTHER BUSINESS****

9) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) [illegible]-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Adele Destro by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org
Citizens may obtain a free copy of the Sunshine Ordinance by contacting Ms. Destro or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm

Lee Ann Monfredini
President

Roma P. Guy, M.S.W
Vice President

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Commissioner

James M. Illig
Commissioner

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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MINUTES

HEALTH COMMISSION MEETING

Tuesday, August 16, 2005
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

105

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1) CALL TO ORDER

Commissioner Guy, on behalf of Commissioner Monfredini, called the meeting to order at 3:25 p.m.

Present:	Commissioner Lee Ann Monfredini, President Commissioner Roma P. Guy, M.S.W., Vice President Commissioner Edward A. Chow, M.D. Commissioner James M. Illig Commissioner David J. Sanchez, Jr., Ph.D. – left at 6:00 p.m. Commissioner Donald E. Tarver, II, M.D. Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JULY 19, 2005

Action Taken: The Commission approved the minutes of the July 19, 2005 Heath Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Illig chaired, and Commissioner Chow and Commissioner Sanchez attended, the Budget Committee meeting.

(3.1) **Central Administration–Policy and Planning** - Request for approval to accept and expend forty-seven recurring grants from the State of California, for Fiscal Year 2005-2006, in the total amount of $29,596,579.

- Commissioner Chow asked if the increased allocation for TB subvention would preserve Directly Observed Therapy at Chinatown. Ms. Burlew-Lawler will follow up with TB Control and get this information to the Commissioners.
- Commissioner Sanchez said there is a wide variance in indirect costs. It was his understanding that the counties were going to meet with the State to develop consistent indirect allocation. He asked for an update at a future meeting on the status of these discussions and any progress that has been made.

(3.2) **PHP–Community Health Promotion and Prevention** - Request for approval to accept and expend a grant from the California Office of Traffic Safety, in the amount of $337,725, to improve pedestrian safety in San Francisco, for the period of October 1, 2005 to December 31, 2007, and a contract with O'Rorke PR, Inc., for media services, in the amount of $90,000, for the same time period.

(3.3) **PHP–Community Health Promotion and Prevention** - Request for approval to accept and expend a grant from the California Office of Traffic Safety in the amount of $563,195 to improve child passenger safety in San Francisco, for the period of October 1, 2005 to December 31, 2007, and contracts with the San Francisco Study Center, for fiscal intermediary services, in the amount of $180,000, for the same time period and with O'Rorke PR, Inc., for media services, in the amount of $90,000, for the same time period.

(3.4) **PHP–Community Health Promotion and Prevention** - Request for approval to accept and expend an Environmental Justice Planning Grant from the California Department of Transportation, in the amount of $157,541, to improve pedestrian safety in the Bayview Hunters Point neighborhood of San Francisco, for the period of January 1, 2006 to June 30, 2007, and a contract with the San Francisco Study Center, for fiscal intermediary services, in the amount of $123,200, for the same time period.

(3.5) **PHP–Community Health Promotion and Prevention** - Request for approval to accept and expend a grant from the San Diego State University Research Foundation, in the amount of $55,000, to facilitate development of training resources and a support network for injury prevention professionals in California, for the period of August 15, 2005 to June 30, 2007 and a contract with the San Francisco Study Center, for fiscal intermediary services, in the amount of $4,000, for the same time period.

- Commissioner Illig, on behalf of Commissioner Tarver, asked that the Commission get copies of the materials that are developed by O'Rorke P.R. Commissioner Tarver is very concerned about pedestrian safety as the 3rd Street Light Rail Corridor gets underway. Mr. Radetsky said the plan is to do a series of meetings where the community will identify safety needs and areas on which to focus. This community planning effort is occurring at the same time the light rail is getting going, so this provides an opportunity to make the 3rd street corridor safer.

(3.6) **PHP–Occupational and Environmental Health** - Request for approval to accept and expend retroactively a one-time award from the California Department of Health Services, in the

amount of $175,426.20, for the control of mosquitoes to mitigate the threat of West Nile virus transmission, for the period of July 1, 2005 to June 30, 2006.

(3.7) **PHP-CHSS-STD Control** - Request for approval of a retroactive contract renewal with the Regents of the University of California, in the amount of $115,021, to provide STD prevention services targeting men who have sex with men, for the period of January 1, 2005 through December 31, 2005.

(3.8) **PHP-Housing & Urban Health** - Request for approval of a retroactive renewal contract with Ark of Refuge, Inc., in the amount of $329,687, which includes a 12% contingency, to provide residential substance abuse treatment at Restoration House, for the period of March 1, 2005 through February 28, 2006.

(3.9) **PHP-Housing & Urban Health** - Request for approval of a retroactive renewal contract with Baker Places, Inc., in the amount of $1,755,406, which includes a 12% contingency, to provide residential treatment, supportive services, continuing care services and rental subsidies for persons with HIV/AIDS, substance use and mental health issues, for the period of March 1, 2005 through June 30, 2006.

Commissioner Tarver abstained from voting on this item.

(3.10) **PHP-Housing & Urban Health** - Request for approval of a retroactive renewal contract with Baker Places, Inc., in the amount of $663,647, which includes a 12% contingency, to provide supportive services, case management services for the Direct Access to Housing (DAH) tenants at the Star and Camelot Hotels, for the period of March 1, 2005 through June 30, 2006.

Commissioner Tarver abstained from voting on this item.

(3.11) **PHP-Housing & Urban Health** - Request for approval of a retroactive renewal contract with Black Coalition on AIDS, in the amount of $393,548, which includes a 12% contingency, to provide transitional housing, case management and groups at the Brandy Moore House, for the period of March 1, 2005 through June 30, 2006.

(3.12) **PHP-Housing & Urban Health** - Request for approval of a retroactive renewal contract with Catholic Charities CYO, in the amount of $627,389, which includes a 12% contingency, to provide supportive housing services at the Derek Silva Community, for the period of March 1, 2005 through June 30, 2006.

(3.13) **PHP-Housing & Urban Health** - Request for approval of a retroactive renewal contract with Catholic Charities CYO, in the amount $584,105, which includes a 12% contingency, to provide partial rent subsidy and housing advocacy services, for the period of March 1, 2005 through February 28, 2006.

- Commissioner Chow said that many contract monitoring reports reference a problem with the REGGIE system, and asked for an overview of challenges and responses. Mr. Zellers said there have been problems with this system over the past number of years. In the last 16-18 months, the administration of this system has been moved under Health Services so that it is more integrated with programs. Providers have done a marvelous job with inputting data, which had been an issue in the past, and this has markedly improved data.

- Commissioner Illig is going to continue to encourage joint monitoring of agencies between DPH divisions. This is why he is asking that different contracts with the same agency be presented together. Mr. Zellers said the Department is developing standardized program monitoring.

(3.14) **PHP-Housing & Urban Health** - Request for approval of a retroactive renewal contract with Larkin Street Youth Services, in the amount of $614,901, which includes a 12% contingency, to provide comprehensive housing and attendant care services, for the period of March 1, 2005 through February 28, 2006.

(3.15) **PHP-Housing & Urban Health** - Request for approval of a retroactive renewal contract with Lutheran Social Services, in the amount of $124,970, which includes a 12% contingency, to provide supportive services and case management services to residents of the Hazel Betsey site, for the period of March 1, 2005 through February 28, 2006.

(3.16) **PHP-Housing & Urban Health** - Request for approval of a retroactive renewal contract with Mercy Services Corporation, in the amount of $539,134, to provide property management services in a DAH site, targeting homeless, extremely low-income persons with special needs, including substance abuse, mental health and physical disabilities, for the period of July 1, 2005 through June 30, 2006.

(3.17) **PHP-Housing & Urban Health** - Request for approval of a retroactive renewal contract with San Francisco AIDS Foundation, in the amount of $2,839,038, which includes a 12% contingency, to provide full and shallow rental subsidies, targeting people with disabling HIV or AIDS, for the period of March 1, 2005 through February 28, 2006.

(3.18) **PHP-Housing & Urban Health** - Request for approval of a retroactive renewal contract with Tenderloin AIDS Resource Center, in the amount of $284,637, which includes a 12% contingency, to provide emergency hotel rooms and client-centered emergency on-site services to medically stable homeless individuals living with HIV/AIDS, for the period of March 1, 2005 through February 28, 2006.

(3.19) **PHP-Housing & Urban Health** - Request for approval of a retroactive renewal contract with Walden House, in the amount of $81,715, which includes a 12% contingency, to provide supportive services in a permanent housing environment at the Planetree Program, targeting very low-income adults who have disabling AIDS/HIV and substance abuse concerns, for the period of March 1, 2005 through February 28, 2006.

(3.20) **AIDS Office-HIV Health Services** – Request for approval of a retroactive contract renewal with Lutheran Social Services of Northern California, in the amount of $504,389, to provide AIDS financial services (money management and representative payee), targeting very low-income persons with disabling HIV/AIDS, for the period of March 1, 2005 through February 28, 2006.

- Commissioner Illig is concerned that the agency has only four board members. Dr. Elerick, Interim Executive Director, said he is concerned as well. They recently added another board member, hired an outside consultant to provide technical assistance for board development and have four development funds to fund this effort.

(3.21) **AIDS Office-HIV Health Services** – Request for approval of a retroactive contract renewal with AIDS Community Research Consortium, in the amount of $98,635, to provide client advocacy

and treatment adherence services, targeting monolingual and bilingual Spanish-speaking HIV-positive Latino/as living in the Eligible Metropolitan Area, for the period of March 1, 2005 through February 28, 2006.

(3.22) **AIDS Office-HIV Health Services** – Request for approval of a retroactive contract renewal with Walden House, Inc., in the amount of $1,073,010, to provide residential substance abuse and comprehensive monitored residential detox services, targeting HIV-positive substance abusing adults and youth, for the period of March 1, 2005 through February 28, 2006.

(3.23) **AIDS Office-HIV Health Services** – Request for approval of a retroactive contract renewal with Catholic Charities CYO (Leland House & Peter Claver Community), in the amount of $154,901, plus a 12% contingency amount of $18,588, for a total amount of $173,489, to provide patient care services (attendant care services) to low-income homeless San Francisco residents with HIV or AIDS between the ages of 18 to 59, for the period of March 1, 2005 through February 28, 2006.

(3.24) **AIDS Office-HIV Health Services** – Request for approval of a retroactive contract renewal with Haight Ashbury Free Clinic, Inc., in the amount of $578,818, plus a 12% contingency of $69,458, for a total amount of $648,276, to provide residential detox and substance abuse services targeting HIV+ substance abusers, for the period of March 1, 2005 through February 28, 2006.

- Commissioner Illig asked if the AIDS Office has been providing technical assistance HAFC. Joseph Cecere, program manager, said he has been working very closely with Ben Eiland to provide technical assistance. This will be an ongoing resource.

(3.25) **AIDS Office-HIV Health Services** – Request for approval of a retroactive contract renewal with UCSF/Pediatric HIV/AIDS Program, in the amount of $155,979, plus a 12 percent contingency amount of $18,717, for a total amount of $174,696, to provide primary care, case management, psychosocial and nutritional counseling services to HIV+/ HIV indeterminate children and adolescents from low-income uninsured or underinsured families that have no other source of health care, for the period of March 1, 2005 through February 28, 2006.

(3.26) **AIDS Office-HIV Health Services** – Request for approval of a retroactive contract renewal with AIDS Legal Referral Panel, in the amount of $74,800, plus a 12 percent contingency amount of $8,976, for a total amount of $83,776, to provide legal assessment, consultation, or representation to individuals with HIV infection in San Francisco, for the period of July 1, 2005 through February 28, 2006.

Action Taken: The Commission approved the Budget Committee Consent Calendar. Commissioner Tarver abstained from voting on Item 3.9 and 3.10.

4) DIRECTOR'S REPORT

Barbara Garcia, Acting Director of Health, presented the Director's Report.

First Human Case of West Nile Virus

As the Commissioners are undoubtedly aware, the State Health Department informed DPH late Monday afternoon that a San Francisco resident was diagnosed with West Nile Virus. The patient is a middle age male who had been hospitalized in San Francisco with a high fever and neurological symptoms. We are pleased to report that he is home and recovering. At this time, we do not know where he may have contracted the disease. There are no reported cases of WNV among birds in the City this year. After confirming that the patient had been informed of his diagnosis, Drs. Rajiv Bhatia and Susan Fernyak hosted a well-attended press briefing. This first case of WNV gives us an opportunity to remind our residents of the importance of prevention through such simple efforts as eliminating standing water around homes, using mosquito repellent, screening windows, avoiding mosquito breeding areas at dawn and dusk, wearing protective clothing and paying special attention to young children, the elderly and those with chronic health conditions. Only about 20% of individuals who are bitten by an infected mosquito will experience symptoms and of those who get ill, only a very small number will require hospitalization. During 2005, California has had 175 cases of human WNV and four deaths. There is no known cure or vaccination for human WNV and we continue to emphasize prevention as a way of staying healthy. We are joined in our awareness and outreach efforts to fight the spread of mosquitoes and their breeding areas by the City's Departments of the Environment, the PUC, Recreation and Parks and Public Works.

Environmental Health

The California Department of Health Services, Mosquito Control Fund has awarded the Bureau of Environmental Health a one-time grant of $175,000. DPH will be adding two new staff, two trucks, sprayers and a variety of chemicals to help in the efforts to fight the spread of mosquitoes and West Nile Virus.

SFGH is Granted Full Accreditation by JCAHO

As previously reported, the Joint Commission completed their survey of SFGH in April. SFGH successfully passed the survey process on condition that SFGH submit the Evidence of Standard Compliance report of the cited Requirement for Improvements (RFI's). These corrective action plans were submitted last week, and on August 3, 2005, SFGH received a letter from the Joint Commission stating that SFGH is granted full accreditation.

Ryan White CARE Act Reauthorization

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act represents the largest source of federal funds specifically designated to provide services to people infected with HIV. San Francisco received over $28 million directly from the CARE Act this year for primary care and support services that help people living with HIV/AIDS learn about, access, and adhere to medical care. Additional funds are awarded to the state and directly to community-based organizations. The federal legislation authorizing this important program expires on September 30th. Legislation to reauthorize the program will originate in the Senate Health, Education, Labor, and Pensions Committee and the House Energy and Commerce Committee. No legislation has been introduced. However, it is not unusual for reauthorizations to be enacted after a program's authorization expires, and passage after the September 30th expiration will not impact operation of CARE Act funded programs.

On July 27th, the Bush Administration released a set of principles for the reauthorization that severely threaten CARE Act funding in San Francisco and throughout the state. Specifically, the principles propose elimination of the "hold harmless" protection, a change that would cost San Francisco over $7 million each year, and propose excluding cases from cities when calculating the amount of funding that goes to the state, which would cause California's award to decrease from $31 million to $11 million. The Administration also proposes a shift from allocation of CARE Act funds based on AIDS reporting to allocation based on HIV reporting beginning in 2007, but refuses to accept HIV reporting data from California and twelve other states (including the District of Columbia) that use non-name based HIV reporting systems. Finally, the Administration proposes a severity of need for core services index that would be used to determine future allocations, and is suggesting criteria for the index that would allocate fewer resources to jurisdictions with strong commitments to HIV/AIDS treatment and care in their state and local budgets.

The extent to which the Bush Administration principles will be incorporated into reauthorization legislation that moves through the House and Senate is unclear at this point. The nine California cities that receive CARE Act funding are working on a consensus document that will oppose elimination of the hold harmless and other proposals harmful to California.

Housing and Urban Health Grant
The Department of Public Health's Housing and Urban Health Section just received a $1 million funding award from HUD. These funds are targeted toward chronically homeless people addicted to alcohol. The Department will use this award to permanently house approximately 60 chronically homeless people who utilize the services of the McMillan Stabilization Project and/or have been high utilizers of ambulance services.

SFGH's Cancer Awareness Resources Education
San Francisco General Hospital's CARE (Cancer Awareness Resources Education) program recently received funds from the Lance Armstrong Foundation to develop and implement a theater program for cancer patients. "Touched by Cancer: Humoring the Tumor," a bilingual (English and Spanish) theatre event, was written and performed by cancer survivors and their loved ones. Produced by the ARACELI Theatre Project, the patient-centered project was performed at three separate venues during the past two weeks. Through humor and other creative expressions, participants provide an insider's glance at the emotional landscape of cancer and the various ways people cope with living on the edge of life and death, while also dealing with poverty, isolation and other barriers.

YouthPOWER Update
The Commissioners received a report last month on the activities of YouthPOWER in Bayview Hunters Point who were redecorating neighborhood corner liquor stores with positive images of the City and their community. Their efforts were well rewarded with an excellent article in the *Chronicle.*

New Program Director - SF Homeless Outreach Team
On August 8, 2005, Dr. Rajesh Parekh became the new Program Director for the San Francisco Homeless Outreach Team. "Raj," as he is best known, is a board-certified psychiatrist who has worked with the Department since March 2004. He received his BS in biochemistry-premed from Hofstra University and his medical training at Mt. Sinai School of Medicine in New York. He completed his residency at the UC Irvine Medical Center. His varied experiences include that of an emergency room psychiatrist as well as medical director for an outpatient psychiatry program located in a men's shelter in New York. Dr. Katz welcomes Raj to his new and challenging position. His office phone number is 642-4506.

New Director of Administrative Operations at SFGH
Dr. Katz welcomes Iman Nazeeri-Simmons, who as of last month joined San Francisco General Hospital's Executive Staff as the Director of Admin Operations. In this role, Iman will help with Hospital issues and questions when Gene O'Connell is not available and will serve as the Public Information Officer for SFGH, so any media/press/community relations' issues should be directed to her. Iman will also work on projects involving the Health Commission, strategic planning, local and state policy, and will help Ms. O'Connell support the work of the Executive Staff. Iman can be reached at 206-3455.

Credentialing Report

A copy of the August credentialing report is below.

	08/05	07/05 to 08/05
New Appointments	20	13
Reinstatements	0	0
Reappointments	39	39
Delinquencies:	0	
Reappointment Denials:	0	
Resigned/Retired:	7	24
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Deceased	0	0
Changes in Privileges		
Additions	3	7
Voluntary Relinquishments	1	3
Proctorship Completed	2	4
Proctorship Extension	0	6

Current Statistics – as of 08/1/05	
Active Staff	457
Affiliate Professionals (non-physicians)	192
Courtesy Staff	549
TOTAL MEMBERS	1,198

Applications In Process	51	
Applications Withdrawn Month of August 2005	2	0 (07/05 to 08/05)
SFGH Reappointments in Process Sept. 2005 to Dec. 2005	194	

Public Comment

- Patrick Monette-Shaw said that the hold harmless proposal does in fact cause harm. Other jurisdictions are not receiving adequate funds. San Francisco receives 92 percent of the allocation. The hold harmless provision has existed for 10 years, which is long enough. San Francisco is not being fair to other jurisdictions. The pot should be made larger.

Commissioners' Comments

- Commissioner Guy commended Ms. O'Connell and her staff on the SFGH JCAHO accreditation.

- Commissioner Illig would appreciate a regular update on the CARE Act Reauthorization discussions. Commissioner Illig has asked Jimmy Loyce to update the Health Commission as to how they are going to allocate the $4 million in general funds that the Board of Supervisors restored to the budget.

- Commissioner Tarver commended Dr. Parekh on taking on the new role of Director of the Homeless Outreach Team.

- Commissioner Chow echoed Commissioner Illig's concern about CARE Act Reauthorization. It appears that the Bush administration wants to make sure that California, and specifically San Francisco, do not receive adequate funding for HIV/AIDS Services. He and other Commissioners are more than happy to assist in all advocacy efforts. He also commended SFGH, including medical staff and administrative staff, for the JCAHO accreditation.

- Commissioner Sanchez said that institutions that are providing safety net services in our community, including San Francisco General Hospital, are committed to doing what it takes to maintain these services.

5) PRESENTATION OF THE EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF AUGUST

Commissioner Umekubo presented the Employee Recognition Awards for the month of August.

Individual Awardee #1	**Division**	**Nominated By**
Wendy Wolf Deputy Director	STD Prevention and Control Services	Jeff Klausner, M.D., MPH

Individual Awardee #2	**Division**	**Nominated By**
Bi Jian Huang, R.N.	Laguna Honda Hospital	Cel Herrera

Individual Awardee #3	**Division**	**Nominated By**
Jean Balibrera, R.N.	Tom Waddell Health Center	Doug Pierce-Hanson, Lindy Edward, Linette Martinez, Laura Alpert, Meredith Florian, Mikel Jaye, Michele Dickstein, Alma Garcia, Cordelia Nemeyer, Inna Bleykhman, Mary Manihan, Ninfa Alvarez-Pleites, Ann Dallman, Robin Allen-Contreras, Iris Biblowitz, JoAnne Schmidt, Richard Dolbec

6) 4TH QUARTER FINANCIAL REPORT

Gregg Sass, DPH Chief Financial Officer, presented the FY 2004-2005 4th Quarter Revenue and Expenditure Report. The Department is projected to return a surplus of $21,198,000 to the General Fund, which is $11,648,000 more than required as a result of mid-year cuts and carry forward surplus to the FY 2005-06 budget. The increase in projected surplus is primarily due to higher revenues at SFGH as a result of high 4th quarter volume and high collection in the last quarter of the year. The budget includes a revenue-funded supplemental appropriation of $17,800,000 to address structural problems in the current year and fund certain one-time expenditures anticipated for the fiscal year. These financial statements are preliminary and it is expected that changes will occur through the annual audit process that extends into November of 2005. Mr. Sass presented an overview of each division in the Health Department.

DEPARTMENT OF PUBLIC HEALTH - FY 2004-05							
	REVENUES			EXPENDITURES			TOTAL
ision	Revised Budget	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	Surplus/ (Deficit)
GH	$ 563,928,000	$ 565,151,000	$ 1,223,000	$ 563,928,000	$ 546,092,000	$ 17,836,000	$ 19,059,000
SB855 Adjustment	(99,650,000)	(80,684,000)	18,966,000	(99,650,000)	(80,684,000)	(18,966,000)	-
GH Adjusted	$ 464,278,000	$ 484,467,000	$ 20,189,000	$ 464,278,000	$ 465,408,000	$ (1,130,000)	$ 19,059,000
guna Honda	155,472,000	154,924,000	(548,000)	155,472,000	156,199,000	(727,000)	(1,275,000)
imary Care	42,168,000	44,665,000	2,497,000	42,168,000	42,861,000	(693,000)	1,804,000
ealth at Home	7,655,000	7,412,000	(243,000)	7,655,000	7,384,000	271,000	28,000
il Health	22,436,000	22,914,000	478,000	22,436,000	22,293,000	143,000	621,000
ublic Health	91,410,000	90,718,000	(692,000)	91,410,000	90,509,000	901,000	209,000
ental Health	172,364,000	172,752,000	388,000	172,364,000	172,360,000	4,000	392,000
ubstance Abuse	65,017,000	65,027,000	10,000	65,017,000	64,667,000	350,000	360,000
UBTOTAL	$ 1,020,800,000	$ 1,042,879,000	$ 22,079,000	$ 1,020,800,000	$ 1,021,681,000	$ (681,000)	$ 21,198,000
id-Year Reduction arget							$ (3,500,000)
arryforward Assumed n FY 2005-06 Budget							(6,050,000)
ET DPH							$ 11,648,000

1) The Revised Budget in the table above includes: Annual Appropriation Ordinance for DPH, carry forwards from prior year, Inter Governmental Transfer (IGT) for SB855, Transfer In and Project Related expenses.

Commissioners' Comments

- Commissioner Illig asked if the Health Department has ever requested to keep all the additional revenue it generates. Mr. Sass said that if overall expected expenditures were over budget, then the Health Department would request additional funds. But the request has to be based on realistic expenditures. The Department would not be able to creatively develop ways to spend down the surplus.
- Commissioner Umekubo commended the Department on reducing its accounts receivables. When he first came on the Commission, the situation was deplorable.
- Commissioner Tarver said it is worthy to consider whether or not the Health Commission can influence on how additional revenues, which are appropriately returned to the general fund, are reallocated. Is there a role for the Commission to influence the decisions, even though it does not have the ultimate authority? Mr. Sass said if the Department was better able to anticipate early in the year that revenue is going to come in over budget, then the Department and Commission could

develop new initiatives, but this is difficult. Furthermore, as long as the city continues to face economic constraints, as it has for the past few years, any surplus is going to go toward the citywide deficit.

- Commissioner Chow asked Mr. Sass to clarify that DPH has been allowed to carry forward $6 million of the surplus to balance next year's budget, as well as $10 million to $11 million for one-time efficiency investments. Mr. Sass said this is the case. Commissioner Chow also emphasized the efforts that have been made over the last number of years to restore the credibility of the Health Department in they eyes of the Mayor and Board of Supervisors. The quarterly financial reports are stellar, and the Department's annual budget reviews clearly show that DPH very competently oversees its finances. Commissioner Chow does feel that the Health Commission and Health Department should be consulted about how additional funds should be allocated, which has not always been the case the past.

- Commissioner Guy emphasized that the Health Department has come a long way in getting its financial reports in order, and this has not happened overnight. She agrees that the Health Commission should have influence about how additional funds are allocated, but said that the Health Department has tremendous credibility with the Mayor, Board of Supervisors and community. The Health Department and Health Commission are well-situated to be respected.

7) LONG TERM CARE REPORT

Barbara Garcia, Acting Director of Health, outlined the presentation of additional information on the Laguna Honda Hospital Rebuild Project, which includes three important perspectives: the report by HMA associates, focusing today on the recommendations regarding the Laguna Honda Hospital Rebuild; an update on the Targeted Case Management (TCM) program; and a presentation by the Mayor's Long Term Care Coordinating Council.

Nikki Moulton, Health Management Associates, provided an overview of HMAs finding and recommendations related to the Laguna Honda Hospital Rebuild and patient flow.

Laguna Honda Hospital Rebuild Recommendations

- The Department should not construct any additional beds beyond those already committed to at the LHH site but rather, if the need for additional SNF beds arises in the future, should explore the potential for contracting with existing private SNFs or creating new publicly-funded small SNFs.

- The Department should manage a 780 bed rebuilt LHH as several (3 or more) subunits in order to mitigate the potential problems associated with operating a facility of this size.

- Following completion of the rebuild, LHH should be merged under the SFGH license.

- The LHH rebuild should include a LHH primary care clinic operating under the Department's Federally Qualified Health Center (FQHC) license.

- The Department should rethink current proposals to undergo a costly remodeling of existing space at SFGH to accommodate more SNF beds, until all other alternatives are exhausted.

- The Health Director should initiate a "summit" of the public entities providing SNF services in San Francisco, San Mateo and Alameda counties in order to create cost effective placement opportunities for each other.

Patient Flow recommendations

- Develop or contract with special facilities (including SNFs and/or Residential Care Facilities).
- Provide specialized training to LHH staff.
- Prior to completion of the LHH rebuild, consider using the SFGH/BHC where security personnel are readily available.
- Make the Department's long term care system (LTC) more fluid.
- Partner with providers of LTC resources to develop housing, adult day health care, transportation, etc.
- Complete an inventory of the existing housing infrastructure capacity.
- Develop a plan to work with State and Federal agencies responsible for funding for low-income housing.
- Actively pursue a set of Medi-Cal priorities, including securing an Assisted Living Waiver for San Francisco, seeking a change to the "first-come, first-served" method for access to Medi-Cal HCBS waiver services and changing residency requirements specific to Medi-Cal IHSS.
- Consider local funding of wrap-around services when cost-effective.
- Ensure all persons with LTC needs residing in the community or in a period of transition have a care coordinator.

Liz Gray, DPH Director of Placement, presented an overview of the Targeted Case Management program.

Targeted Case Management was implemented March 29, 2004 following the settlement in Federal Court of the Davis v CHHS, Laguna Honda Hospital lawsuit which alleged violations of the Americans with Disabilities Act, the Nursing Home Reform Act and other statutes by failing to provide information, assess for, and provide community alternatives to individuals institutionalized at Laguna Honda Hospital (LHH). The settlement set up a new TCM Program to:

1. Screen all residents of Laguna Honda Hospital (LHH)
2. Screen all residents at San Francisco General Hospital (SFGH) being referred to LHH or at risk for being referred to LHH
3. Assess all residents of LHH and patients at SFGH meeting screening criteria for full assessment.
4. Assist class members seeking home and community based services with assessment and discharge planning.
5. Develop an Individualized Service/Discharge Plan for all assessed residents that will become part of the resident's medical record and as necessary be provided ongoing case management services by LHH social workers until accepted into active TCM caseload.
6. Accept in TCM caseload LHH residents who are scheduled for discharge within 180 days.
7. Provide ongoing case management if appropriate and if desired, to ensure all needed services are provided, including application for NF waivers, referrals to housing waitlists and coordination of services once housing is secured.
8. Determine the most integrated setting appropriate and whether individuals are eligible for the community supports and services they desire.

9. Consider all the community supports and services for which individuals may be eligible, even if these services are not available yet and use this to identify gaps in services either not available or sufficiently available.

The TCM Program's current role is to assist all LHH residents desiring discharge from LHH by assessing their potential for living in the community. This includes assessment not only for immediate discharge but also for potential discharge in the future, given the support and treatment necessary. TCM is a voluntary program that supports residents' choices about where they want to live and provides them with assistance to help them achieve their goals. Eventually the role of TCM will hopefully move from a primary focus at LHH to a primary focus at SFGH where the main goal will be to prevent unnecessary and unwanted long-term institutionalization.

Current staffing is one program director, one RN case manager, one vacant RN case manager position, six social worker case managers, one health worker and one TCM biller. This staffing allows the TCM program to carry an active caseload of 90 residents. A total of 1370 cases have been screened and 1091 assessed at LHH and SFGH. As of June 30, 2005, 140 residents have been accepted into the TCM program. The total number of TCM cases that have been closed is 48. Reasons for TCM case closure includes patient being discharged (16), patient changing his or her mind about being in the TCM program (16), family conservator refused TCM (2), public conservator refused TCM (3), serious decline in medical condition (7), resident left LHH AWOL or AMA (1) or the resident died (3). Ms. Gray said that perhaps the most critical issue regarding the TCM program is the lack of services that are necessary to enable people to be successfully discharged from LHH, including lack of adequate housing, inadequate support at time of discharge, $35,000 limit to the Nursing Facility Waiver, inconsistent quality and types of case management available in the community and others.

Commissioner Guy asked if commissioners had any clarifying questions of Ms. Moulton or Ms. Gray, which would be answered prior the next presentation.

Clarifying Questions

- Commissioner Umekubo asked how other counties that do not have public SNFs care for individuals who need SNF care. Ms. Moulton said they rely on private SNFs. They generally have a small number of SNF beds at the acute care hospitals for initial rehabilitation, but patients are discharged to private providers.

- Commissioner Illig asked Ms. Gray to address the statements that are being made that 84 percent of LHH patients could be served in the community. Ms. Gray said the number comes from the assessment instrument. When people really want to live in the community, and the City is able to provide these resources, there can be successful placements in the community. Commissioner Illig asked if the Davis settlement requires that TCM only serve people for 180 days from time of placement. Ms. Gray said the program can carry people for longer than 180 days, but after that time reimbursement is not available.

- Commissioner Chow asked for further explanation on the Nursing Facility (NF) Waiver that has a cap of $35,000. Ms. Gray replied that this money provides for the purchase of services in the community but cannot be used for housing. There are people who need many more services than $35,000 could pay for in order to successfully live in the community.

- Commissioner Umekubo's perception is that there is inadequate non-ambulatory housing for people of all ages, not just those under 65. Ms. Gray said this is true, but the case is even more dire for the under 65 population.

- Commissioner Guy asked what the annual budget for the TCM program is. Mr. Sass said that it is approximately $1.5 million program. When these services are provided to individuals who are Medi-Cal eligible and within 180 days of discharge, approximately 50 percent is reimbursable.

Long Term Care Coordinating Council Presentation

Sandy Mori, Long Term Care Coordinating Council (LTCCC), said Mayor created the LTCCC in November 2004 to advise, implement and monitor community-based long-term care planning and to improve the coordination of home, community based and institutional-based long-term care services. The LTCCC has recommendations regarding Laguna Honda Hospital, which five members of the LTCCC will present to the Health Commission. Ms. Mori summarized the policy recommendations regarding the replacement of LHH, and said the debate needs to be shifted from beds to people and San Francisco needs to think creatively about how to provide appropriate housing with services for people who need health care and supportive services.

Norma Satten said skilled nursing services can be provided in the home, in community settings or in institutions. The focus needs to be on the people who need services. The LTCCC's emphasis has been on expanding home and community-based care for people. The LTCCC recommends that LHH be rebuilt with an appropriate lower number of beds. LHH is a resource for many years to come, so we need to analyze demographic projections and trends, evaluate best practices and consider the recommendations of the professionals.

Donna Calame talked about transitional support. She highlighted that there is a thorough report that addresses and identifies transitional needs. There are a few model programs in the community that should be expanded. There needs to be safe and reliable discharge planning.

Nancy Brundy said there needs to be a range of housing to serve disparate community needs. San Francisco needs to broaden the definition of homelessness to include people who live in institutional housing who want to return to the community. We need to increase affordable housing for people of all ages who have disabilities. This includes transitional housing that is geared to give people the support they need to succeed over the long term. San Francisco should pursue leasing or purchasing housing stock. She described the Day Health Housing Model, which is a combination of an adult day health center, affordable housing and in-home supportive services.

Herb Levine presented funding recommendations that are identified in the Community Placement Plan that could be used to support home and community-based long-term care services, including reallocating the operational savings that would be realized from operating smaller LHH to support community alternatives to institutionalization. This money would be placed in a community living fund, which would fund a variety of consumer needs. They are proposing a set of priorities for the disbursement of the fund, which is outlined in the plan. Mr. Levine reviewed other recommendations, including expanding the IHSS Share-of-Cost Program, utilizing to a further extent programs such as PACE that do not draw down on general fund, expanding the TCM program and funding a San Francisco-based Medicaid waiver, among others.

Sandy Mori encouraged the Health Commission to do evidence-based decision making. The LTCCC is pleased with the progressive recommendations in the HMA report, as they are consistent with the

LTCCC priorities as well as the Living With Dignity Strategic Plan. Even though LTCCC has not taken a position on the number of beds at LHH, it is consistent with their policy recommendations that if San Francisco is going to build 780 beds, the rest of the funding be used to expand community-based services.

Public Comment

- Elizabeth Grigsby, Mayor's Disability Council, said instead of building another big institutional setting, we need to build smaller units. We need Laguna Honda, but it does not need to be big. A lot of people that reside at Laguna Honda do not need to be there. We need to spend more money out in the community buying more affordable housing for people with disabilities. For people that need long term care, let's build smaller hospital units and get rid of institutional settings.

- Howard Chabner, who has an elderly relative who lives at Laguna Honda, urged the Commission to rebuild Laguna Honda at the level that was approved by the voters. There is enough money for a full rebuild and an expansion of community-based services. He urged the Commission to reject HMA's recommendations. Mr. Chabner submitted a written copy of his testimony, which is on file in the Health Commission office.

- Sandy O'Neill, a member of the Long Term Care Coordinating Council, said when the voters approved Proposition A, they did not anticipate the Olmstead Act and did not understand that peoples' civil rights are often violated in an institutional setting. People who want to leave Laguna Honda Hospital must be given the resources to do so. As a resident of San Francisco she has the right to expect more from the Health Commission when it is being told by the DOJ that peoples' civil rights are being violated every day. She expects more action, more passion.

- Derek Kerr, M.D., a doctor at Laguna Honda, said there are many good ideas in the HMA report, including the recommendation for a Chief Operating Officer and Director of Long Term Care. Good management can make things happen.

- Elissa Gershon, Protection and Advocacy, commended the TCM program for the outstanding work they are doing. She confirmed that Protection and Advocacy is working with DPH to negotiate with the State around the Nursing Facility waiver. They believe it is patently illegal for Medi-Cal to fund LHH at $270 per day and community services at only $100 per day, which is what the change in the Nursing Facility waiver means. Thirdly, phase one of the lawsuit has been settled. Phase 2 of the lawsuit involves whether people are actually provided with the community services they are assessed to need and prefer. They sincerely hope to avoid having to file phase two of this litigation and whether they can avoid this will require collaboration with the city and other community advocates.

- Jennifer Walsh supports the Laguna Honda Hospital replacement program that gives the power of choice to residents. People should be allowed to choose their surroundings. Why should she be afraid that if the support system that allows her to live in the community fails her only option is skilled nursing care at Laguna Honda? If LHH is built only as a skilled nursing facility it will be promoting stigmatizing people with disabilities. The majority of society would rather live in their own homes.

- Diane Rovai, Independent Living Resource Center, said that San Francisco is a progressive place and the plan for the new Laguna Honda feels like stepping back 100 years to a time when people were isolated in institutions.

- Elizabeth Zirker, Protection and Advocacy, has been working with LHH residents for many years who want to live in the community. She described two of her clients that would leave today if resources were available. People need support, including support for their civil rights to live and succeed in our community. The message to San Francisco voters should be that San Francisco is committed to providing care to its senior and disabled residents.

- Michael Lyon, San Francisco Gray Panthers, said their position is that San Francisco's senior population is going to rapidly increase but affordable housing and facilities are decreasing. Seniors deserve long-term care where they want it, and the City must provide these resources. However, we are going to need more not less SNF beds, so Laguna Honda must be rebuilt at 1200 beds and be designated for frail and disabled people who do not have behavioral problems.

- Patrick Monette Shaw said that decisions are based on flawed data and none of the reports have included any information about demographics. Dr. Katz has not presented his white paper, which he committed to presenting within 60 days of the March 15th Health Commission meeting. The elderly and chronically ill are not just another segment of the disabled community, and their voices are not heard in this discussion. We need all 1200 beds.

- Ivana Kirola is in favor of expanding community resources such as assisted living and she is in favor of building a smaller Laguna Honda. She is not a stranger to the Laguna Honda issue because she used to go there on behalf of a community organization—CIAPA—that lost funding and therefore folded. She worked with residents to invite them to CIAPA meetings that concerned issues that affected persons with disabilities and seniors in the community. She sees this process delays the expansion of community-based resources.

- Ed Warshauer, SEUI Local 790, said we should all support the lowest level of care required for people who need care, including people who live at Laguna Honda. The union realizes that there needs to be expansion of care in the community. But they feel very strongly that 1200 beds need to be built at Laguna Honda. The San Francisco BHC should be re-evaluated for the potential to expand long-term SNF beds. It would be self-defeating to reduce the level of beds at Laguna Honda in mid-stream.

- Antonio Morgan, (see attached statement of 150 words or less).

Commissioners' Comments

- Commissioner Guy said the Commission's orientation for this meeting is to listen to presentations and public testimony and ask for any additional information necessary to make a decision in the future.

- Commissioner Illig asked if the Long Term Care Coordinating Council has taken a position on the Controller's Report Option 1 or Option 2. Herb Levine said the LTCCC has taken the position that that Laguna Honda should be rebuilt with fewer than 1,200 beds, but has not taken a position on the specific number of beds. This number needs to be evidence-based.

- Commissioner Chow asked Ms. Moulton if HMA could estimate how many people might need Laguna Honda-level services. Ms. Moulton said it is very difficult to project need, and projections of need for long-term care are unreliable. However, they do know that the population is aging and the need for long-term care will increase over the next 40 years. However, all states are facing an aging population, yet they are turning to community-based options and employing other options such as deliberately downsizing the number of nursing homes. So despite the aging population, there continues to be the public policy desire more community-based services. There is no evidence-based information that says that 1200 beds are more appropriate than 780 beds or any other number. Further, HMA still maintains that if additional nursing home beds are needed, this should be done either by contracting with private providers or building smaller facilities in various locations in the community.

- Commissioner Monfredini and Commissioner Chow asked Ms. Gray to estimate how many of the 84 percent of current Laguna Honda Hospital residents that could live in the community if resources were available would choose to do so. Ms. Gray said based on the data she presented today, 60 percent of these people would choose not to leave Laguna Honda. However, this is a fluid number.

- Commissioner Illig said that Mitch Katz's 1999 Laguna Honda Hospital white paper, upon which the 1200 beds was based, could not anticipate the Olmstead Act and other civil rights rulings. In addition, the Department of Justice is breathing down our necks. San Francisco is extremely committed to providing long-term care, and is unique in its level of services. He urged the Health Commission to use the resources and the expertise of the Long Term Care Coordinating Council for research and data collection. He would like to bring a number of the HMA recommendations to the next meeting of the Laguna Honda Hospital Joint Conference Committee, for example starting training for the new building now. We need a lot more money to train the workforce, regardless of how many beds there are. He is also interested in hearing from the medical staff the implications of merging Laguna Honda with San Francisco General Hospital. He believes that the number of people who would choose to leave Laguna Honda would increase if people were presented with options.

- Commissioner Umekubo shares the concern about the workforce. There is a shortage of individuals who want to be caretakers and this has implications for community care. San Francisco needs to make decisions about how it is going to care for its elderly. Housing is a major barrier. Another challenge to community-based care is transportation. Currently, many of the transportation companies will only drop patients off at the doorstep, and do not help them upstairs. Ms. Calame, executive director of the IHSS Authority, said that over the last number of years, the Authority has worked to increase wages and provide a benefits package to their employers. As a result, there has been a dramatic increase in the number of people who what to be in-home support workers.

- Commissioner Tarver said while he supported Proposition A in 1999, he is not sure he would do so today. It is true that we need institutional skilled nursing care. But the amount we need is dependent on community resources. With more community-based alternatives, less institutional long-term care is required. *The Broderick House is a 33-bed facility that serves patients that might* otherwise have gone to Laguna Honda. Six of the beds are for non-ambulatory patients. Funding has to be dedicated for the required resources—housing, transportation, nursing care, etc. He looks forward to further discussion of the HMA report.

- Commissioner Monfredini is concerned that 60 percent of current Laguna Honda residents have indicated that they do not want to leave, and she does not know how to address this. She is anxious to hear from the Long Term Care Coordinating Council and others ideas to help people through transition. Ms. Gray said this 60 percent comes from initial intake data. The more people are successfully discharged, the more likely this percentage will decrease. TCM staff in the process of re-screening, which might result in lower numbers. Ms. Moulton said much can be achieved through choice counseling, and she described an experience she had in Florida providing choice counseling to people living in an ICF/MR facility.

- Commissioner Chow said he will agendize for discussion at the August 22, 2005 Laguna Honda Hospital Joint Conference Committee meeting the HCA recommendations related to the management of Laguna Honda and seeking FQHC status for the planned LHH clinic. In addition, if there is time, the Joint Conference Committee will discuss labor and workforce issues. He commended the Long Term Care Coordinating Council report.

- Commissioner Guy said the Laguna Honda Hospital Joint Conference Committee is going to have to help the Health Commission look at the assumptions upon which the decision about the rebuild will be based, and help draft the resolution or resolutions that the Commission will consider. This discussion is about more than the number of beds at Laguna Honda. It is about a transformation in our community. There are going to be assumptions and questions that the Health Commission cannot answer. One of her concerns is that Health at Home, which DPH has made a huge investment in, has not been incorporated into this discussion and no report recognizes this resource.

- Commissioner Chow said the Joint Conference Committee would work with the members to develop the best process to thoroughly discuss all the issues that would lead to a decision by the end of the year. They are going to begin the discussion on Monday, looking at concrete issues assuming 780 beds.

- Commissioner Illig asked how DPH is responding to the HMA recommendation that the planned SNF at SFGH not be built. Ms. O'Connell said no work has been done on this project. Dr. Katz is developing the steering committee that is recommended in the HMA report. The steering committee will evaluate all the recommendations. Ms. Garcia said that the steering committee would meet with the HMA consultants on September 9th.

- Commissioner Tarver asked what the role of the Health Commission is in terms of the steering committee, and what is the link between the two. Ms. Garcia said the steering committee would make recommendations to the Health Commission.

8) PUBLIC COMMENT/OTHER BUSINESS

- Patrick Monette Shaw said there must be correct data when making decisions about Laguna Honda. He disagrees with the establishment of a community care fund. The RAI-HC assessment is not a valid tool.

- Michael Lyon understands the frustration in trying to nail down the number of people over 65 who will need SNF care. However, there must be other experiments across the country that have resulted in a reasonable number.

9) ADJOURNMENT

The meeting was adjourned at 7:45 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be reflected in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

Written Summaries of 150 Words of Less that have been Submitted by the Members of the Public

My name is Antonio Morgan and I am a mental health advocate for Mental Health Association of San Francisco. I attended the Health Commission meeting on Tuesday August 16. I was unable to make public comment on Laguna Honda I would like to tell the Health Commission that research shows that people are better served in the community than in an institution. I also would like to point out that DPH's own assessment found the Laguna Honda population could be effectively treated in another setting like at home or in the community as opposed to in an institution. Also I would like to remind you that access to technology and support services has allowed people who were once forced into institutions to live in the community throughout their lives. Please consider these issues when making you decisions about Laguna Honda. Thank you,
Antonio

Lee Ann Monfredini
President

Roma P. Guy, M.S.W
Vice President

Edward A. Chow, M.D.
Commissioner

James M. Illig
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

Donald E. Tarver, II, M.D.
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John I. Umekubo, M.D.
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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

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AGENDA

HEALTH COMMISSION MEETING

Tuesday, September 6, 2005
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. AT 101 GROVE.

THE HEALTH COMMISSION WILL ACT ON THOSE CONSENT CALENDAR ITEMS THAT HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF AUGUST 16, 2005**
**Minutes of the meeting of August 16, 2005*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner James M. Illig)

(3.1) **DPH-SFGH** – Request to approve a resolution to the Board of Supervisors to accept revenues newly estimated to exceed $1,000,000 under a contract with Accordis, Inc. previously approved by the Health Commission on July 6, 2004.
** Request memo*

(3.2) **PHP–Community Behavioral Health Services** - Request for approval to accept and expend a no-cost extension of funds from the Targeted Capacity Expansion grant from SAMHSA/CSAT, in the amount of $309,049, extending the grant through September 2006 and continuing aftercare services by assisting clients enrolled during the third year of the grant, for the period of September 30, 2005 to September 29, 2006 and a sole source contract modification with Walden House for $68,801 for the same time period.
** Grant summary, Grant information form, Notice of grant award, Grant payment information form, Monitoring report summary*

(3.3) **PHP–AB 75 Project** - Request for approval to accept and expend retroactively a grant allocation in the amount of $2,622,282, from the California Healthcare for Indigents Program, State Department of Health Services, to provide reimbursement for health services delivered to indigent persons, for the FY 05-06 term.
** Grant summary, Grant information form, Budget pages*

(3.4) **PHP-Housing & Urban Health** - Request for approval of a retroactive new contract with Tenderloin Housing Clinic, in the amount of $285,600, which includes a 12% contingency, to stabilize the lives of single room occupancy hotel tenants in the Mission District of San Francisco, for the period of July 1, 2005 through June 30, 2006.
** Contract summary, Contract evaluation form*

(3.5) **PHP-Housing & Urban Health** - Request for approval of a retroactive multi-year contract renewal with Tenderloin Housing Clinic, in the amount of $228,480/yr, for a total contract amount of $913,920, which includes a 12% contingency, to provide quality-of-life improvements, hotel fire prevention and community stabilization in single room occupancy hotels in the Tenderloin and South of Market Neighborhoods of San Francisco, for the period of July 1, 2005 through June 30, 2009.
** Contract summary, Contract evaluation form, Client demographic information form*

(3.6) **PHP-Housing & Urban Health** - Request for approval of a retroactive multi-year contract renewal with Chinatown Community Development Center, in the amount of $285,600/yr, for a total contract amount $1,142,400, which includes a 12% contingency, to provide comprehensive community outreach and education regarding fire prevention and community stabilization in single room occupancy hotels in the Chinatown and North Beach Neighborhoods of San Francisco, for the period of July 1, 2005 through June 30, 2009.
** Contract summary, Contract evaluation form, Client demographic information form*

(3.7) **PHP-Housing & Urban Health** - Request for approval of a retroactive multi-year contract renewal with Chinatown Community Development Center, in the amount of $224,000/yr, for a total contract amount $896,000, which includes a 12% contingency, to provide advocacy, outreach, information and support to families with children living in single room occupancy hotels in the Chinatown, Tenderloin, South of Market and Mission neighborhoods of San Francisco, for the period of July 1, 2005 through June 30, 2009.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.8) **AIDS Office-HIV Health Services** – Request for approval of a retroactive contract renewal *with UCSF/Pediatric HIV/AIDS Program, in the amount of $155,979 plus a 12% contingency for a* total amount of $174,696, to provide primary care, case management, psychosocial and nutritional counseling services to HIV+/HIV indeterminate children and adolescents from uninsured or underinsured low-income families that have no other source of health care, for the period of March 1, 2005 through February 28, 2006.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.9) **AIDS Office-HIV Health Services** – Request for approval of a retroactive contract renewal with University of Pacific School of Dentistry, in the amount of $555,529, to provide centralized dental services targeting uninsured or underinsured low-income San Francisco residents living with HIV/AIDS, for the period of March 1, 2005 through February 28, 2006.
** Contract summary, Monitoring report summary and response, Client demographic information form*

(3.10) **AIDS Office-HIV Prevention** – Request for approval of a retroactive contract renewal with Haight Ashbury Free Clinics, Inc., in the amount of $100,000 plus a 12% contingency, for a total amount of $112,000, to provide needle exchange services targeting intravenous drug users, for the period of July 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report summary, Client demographic information form*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **FOR DISCUSSION AND ACTION:** **CONSIDERATION OF A RESOLUTION APPROVING A DEEMED APPROVED USE ORDINANCE FOR OFF SITE ALCOHOL SALES**
(Ana Validzic, MPH, YouthPower Project Coordinator, Community Programs and Prevention)
**Resolution, Memo*

6) **FOR DISCUSSION:** **HEARING IN ACCORDANCE WITH THE HEALTH CARE PLANNING ORDINANCE (PROPOSITION Q): CLOSURE OF ST. LUKE'S HOSPITAL PSYCHIATRIC/BEHAVIORAL HEALTH INPATIENT UNIT**

TIME SPECIFIC: 4:00 P.M. (see attached)

7) **PUBLIC COMMENT/OTHER BUSINESS****

8) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy
Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San

Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

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For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Adele Destro by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Ms. Destro or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm

HEALTH COMMISSION

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NOTICE OF A PUBLIC HEARING

SAN FRANCISCO HEALTH COMMISSION

Tuesday, September 6, 2005
Time Specific: 4:00 p.m.
101 Grove Street, Room 300
San Francisco, CA 94102

The Health Commission will hold a public hearing in accordance with the Health Care Planning Ordinance (Proposition Q, 1988) to consider the impact of the following change on health care services of the community at St. Luke's Hospital:

- **Closure of St. Luke's Hospital Psychiatric/Behavioral Health Inpatient Unit**

Persons unable to attend this public hearing may submit written comments to:

San Francisco Health Commission
c/o President Lee Ann Monfredini
101 Grove Street, Room 311
San Francisco, CA 94102

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An agenda will follow.

For information call the Commission Office at 554-2666.

(Posted August 9, 2005)

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City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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President

Roma P. Guy, M.S.W
Vice President

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, September 6, 2005
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

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1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:10 p.m.

Present:
Commissioner Lee Ann Monfredini, President
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Edward A. Chow, M.D.
Commissioner James M. Illig
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner Donald E. Tarver, II, M.D.
Commissioner John I. Umekubo, M.D.

Commissioner Monfredini said the Health Commission's thoughts are with the residents of Louisiana, Alabama and Mississippi who were so extremely devastated by Hurricane Katrina.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF AUGUST 16, 2005

Action Taken: The Commission approved the minutes of the August 16, 2005 Heath Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Illig chaired, and Commissioner Chow and Commissioner Sanchez attended, the Budget Committee meeting.

(3.1) **DPH-SFGH** – Request to approve a resolution to the Board of Supervisors to accept revenues newly estimated to exceed $1,000,000 under a contract with Accordis, Inc. previously approved by the Health Commission on July 6, 2004.

(3.2) **PHP–Community Behavioral Health Services -** Request for approval to accept and expend a no-cost extension of funds from the Targeted Capacity Expansion grant from SAMHSA/CSAT, in the amount of $309,049, extending the grant through September 2006 and continuing aftercare services by assisting clients enrolled during the third year of the grant, for the period of September 30, 2005 to September 29, 2006 and a sole source contract modification with Walden House for $68,801 for the same time period.

(3.3) **PHP–AB 75 Project -** Request for approval to accept and expend retroactively a grant allocation in the amount of $2,622,282, from the California Healthcare for Indigents Program, State Department of Health Services, to provide reimbursement for health services delivered to indigent persons, for the FY 05-06 term.

(3.4) **PHP-Housing & Urban Health -** Request for approval of a retroactive new contract with Tenderloin Housing Clinic, in the amount of $285,600, which includes a 12% contingency, to stabilize the lives of single room occupancy hotel tenants in the Mission District of San Francisco, for the period of July 1, 2005 through June 30, 2006.

(3.5) **PHP-Housing & Urban Health -** Request for approval of a retroactive multi-year contract renewal with Tenderloin Housing Clinic, in the amount of $228,480/yr, for a total contract amount of $913,920, which includes a 12% contingency, to provide quality-of-life improvements, hotel fire prevention and community stabilization in single room occupancy hotels in the Tenderloin and South of Market Neighborhoods of San Francisco, for the period of July 1, 2005 through June 30, 2009.

Commissioners' Comments

- Commissioner Illig commended HUH staff for developing an outcome objective based on stabilization. He asked if other agencies providing services would have a similar objective. Mr. Williams replied that he is working with other agencies to incorporate this objective into their contracts. Commissioner Illig asked if the agency has plans to expand its board. Kerry Abott of Tenderloin Housing Clinic said that they are in the process of adding community members back to the board. They had been under a court ruling to having only attorneys on the board, but this was recently overturned by the California Supreme Court.

(3.6) **PHP-Housing & Urban Health -** Request for approval of a retroactive multi-year contract renewal with Chinatown Community Development Center, in the amount of $285,600/yr, for a total contract amount $1,142,400, which includes a 12% contingency, to provide comprehensive community outreach and education regarding fire prevention and community stabilization in single room occupancy hotels in the Chinatown and North Beach Neighborhoods of San Francisco, for the period of July 1, 2005 through June 30, 2009.

(3.7) **PHP-Housing & Urban Health** - Request for approval of a retroactive multi-year contract renewal with Chinatown Community Development Center, in the amount of $224,000/yr, for a total contract amount $896,000, which includes a 12% contingency, to provide advocacy, outreach, information and support to families with children living in single room occupancy hotels in the Chinatown, Tenderloin, South of Market and Mission neighborhoods of San Francisco, for the period of July 1, 2005 through June 30, 2009.
Commissioners' Comments

- Commissioner Chow is interested in how CCDC works with the Latino community. Angela Chu from CCDC replied that they have subcontracts with agencies that serve the Latino populations.

- Commissioner Sanchez lauded the partnership, and urged them to work with Mission Language Vocational School, which serves Latin American and Asian students.

(3.8) **AIDS Office-HIV Health Services** – Request for approval of a retroactive contract renewal with UCSF/Pediatric HIV/AIDS Program, in the amount of $155,979 plus a 12% contingency for a total amount of $174,696, to provide primary care, case management, psychosocial and nutritional counseling services to HIV+/HIV indeterminate children and adolescents from uninsured or underinsured low-income families that have no other source of health care, for the period of March 1, 2005 through February 28, 2006.

Secretary's Note – this contract was deferred to the September 20, 2005 Health Commission meeting.

(3.9) **AIDS Office-HIV Health Services** – Request for approval of a retroactive contract renewal with University of Pacific School of Dentistry, in the amount of $555,529, to provide centralized dental services targeting uninsured or underinsured low-income San Francisco residents living with HIV/AIDS, for the period of March 1, 2005 through February 28, 2006.

Commissioners' Comments

- Commissioner Chow asked what measures UOP is taking to increase the percentage of people that complete their treatment plan. Dr. Dugoni from UOP replied that they are working to proactively prompt patients to return for treatment.

(3.10) **AIDS Office-HIV Prevention** – Request for approval of a retroactive contract renewal with Haight Ashbury Free Clinics, Inc., in the amount of $100,000 plus a 12% contingency, for a total amount of $112,000, to provide needle exchange services targeting intravenous drug users, for the period of July 1, 2005 through June 30, 2006.

Commissioners' Comments

- Commissioner Illig expressed disappointment that Haight Ashbury Free Clinics did not send a representative to the Health Commission meeting. Mr. Loyce will call the agency's executive director.

Action Taken: The Commission approved the Budget Committee Consent Calendar, with the exception of Item 3.8, which was deferred to the September 20th Health Commission meeting.

4) DIRECTOR'S REPORT

Anne Kronenberg, Acting Director of Health, presented the Director's Report.

Emergency Shelter for Survivors of Hurricane Katrina

Ms. Kronenberg said that San Francisco has volunteered to take survivors of Hurricane Katrina. Over Labor Day weekend, staff from the Department has been involved with other City agencies and community based organizations in planning an emergency shelter in the basement of St. Mary's Cathedral and possibly other locations as well. The City is coordinating its efforts with the African American community and faith-based organizations to ensure that culturally sensitive issues are addressed as we make plans to care for the new arrivals. Although details regarding the time and number of individuals who may be arriving are still speculative, the City is working on plans to accommodate a minimum of 300 survivors. Public Health is gearing up to provide a number of services, depending on the status of the individuals, that may include triage, acute and chronic care medical services, TB screening, and mental health counseling. Laguna Honda Hospital has already delivered linens and towels to the shelter and has committed to providing laundry services for those items. Because this will be a long-term commitment, we are working with other healthcare partners throughout the Bay Area such as Catholic Healthcare West in anticipating needs and identifying resources. City officials, CBO's and a number of volunteers from the business community are making plans to provide the survivors with necessary services such as temporary and permanent housing, clothing, job training, on-going mental health support, school enrollment for children, benefits enrollment and a variety of other services that individuals recovering from this traumatic event will need.

We are touched by the number of volunteers and the generous donations that San Franciscans have been bringing to this recovery effort. Ms. Kronenberg is grateful to the leadership within the Department who, over the past few days, has responded enthusiastically to the City's call to mobilize resources and staff in preparing for these Hurricane survivors. She will keep the Health Commission informed as DPH moves forward in this citywide response to providing emergency shelter and services to our fellow disaster survivors.

Many members of the public as well as DPH staff have called asking how they can help. DPH has been informed that the Mayor's Office has established *SFGives,* a directive to all City agencies to be responsive to requests for assistance and to provide needed help and expertise to the Gulf States affected by Hurricane Katrina. *SFGives* is also an opportunity for local residents to help individuals affected by Hurricane Katrina by making a financial contribution to the relief effort. If you are able to contribute to those in need, contact the American Red Cross at 1 800-HELP NOW (1-800-435-7669 English / 1-800-257-7575 Spanish). For further information call the *SFGives* phone line at 415/558-2706.

Gift from Avon Foundation

Ms. Kronenberg is pleased to report a new gift of $1 million from the Avon Foundation to San Francisco General Hospital Medical Center. This gift will allow for continued growth and maturity of the programs established at SFGHMC with funding from the initial gift from the Avon Foundation in 2001. The key program components receiving funding are: (1) expansion of Genetic Counseling and Genomic Diversity Program, (2) bridge funding of the Mammography Van Community Outreach Program, and (3) completion of the Surgical Procedure Suite in the Avon building to accommodate minor surgical procedures such as breast biopsies.

Water & HIV

A pilot study with relevance to the HIV community in San Francisco by Professor Jack Colford's research group at UC Berkeley was published in June in the *Journal of Water and Health.* The study builds on the results of an earlier study by SFDPH that found higher risk of cryptosporidiosis for people with AIDS who drank tap water. In this new study, 50 people who were HIV positive were randomized to either have an active water filter on their drinking water tap (n=24), or to have a sham filter (n=26). They kept diaries of highly credible gastrointestinal illness (HCGI) but were not formally diagnosed with cryptosporidiosis or any other pathogen. The study was conducted among HIV+ persons who did not necessarily have a diagnosis of AIDS.

Forty-five people completed the study. The adjusted relative risk of HCGI was 3.34 times greater in those with the sham device compared to those with active water filters. The risk associated with drinking unfiltered tap water is consistent with the risks suggested by the earlier Aragon study. An important consideration in interpreting this study is that this was a small pilot study, designed to test the study protocol and derive preliminary estimates of rates of disease in order to determine the sample size necessary to achieve statistical significance in a formal study. This study corroborates the Department's current recommendation that people with HIV either boil, filter, or use bottled water.

Newcomers Health Program Collaborative

The Newcomers Health Program, in collaboration with Bay Area Community Resources, Ocean Park Health Center and Family Health Center, has received four years of funding to launch the ***Let's Be Healthy! (Будем здоровы) Project.*** A primary matching grant of $374,000 was received from the Robert Wood Johnson Foundation's (RWJF) Local Initiative Funding Partners, and local funding partners, The California Endowment, Mount Zion Health Fund and the Jewish Community Endowment Fund, have matched it with nearly $300,000 additional dollars.

Let's Be Healthy! (Будем здоровы) is a health and well-being promotion project for the City's estimated 25,000 Russian-speaking newcomers. The project, whose name in Russian (Будем здоровы, pronounced *"boo-gdee-am zta-ro-wvee*) is commonly used as a greeting of well-being for friends and family, expects to support Russian-speaking community members in leading healthier lifestyles by increasing awareness, creating an environment that supports healthy lifestyles, and sustaining these efforts by developing community leadership. In addition, a chronic disease management component, which includes group medical visits for Russian-speaking patients with the metabolic syndrome and provider education, will be implemented through collaboration with Ocean Park Health Center and Family Health Center providers and staff.

Paul Carlisle Accepted as Fellow

Paul Carlisle, MPT, GCS, Rehabilitation Coordinator at Laguna Honda Hospital and Rehabilitation Center, has been accepted as a Fellow to the California Health Care Foundation Leadership Program. The goals of this two-year fellowship are to provide education and training to clinically trained healthcare professionals to acquire experiences, competencies and skills necessary for effective vision and leadership of our health care system in order to positively influence health care policy and delivery in California. Graduates of the fellowship acquire broadened management and sharpened leadership skills, and gain unique and thorough insight into the trends and challenges facing health care leaders in California. Mr. Carlisle, a senior physical therapist and geriatric clinical specialist, will be joining the 2005–2007 class of Fellows. Other LHH staff who are alumnae of the CHCF Leadership Program include Lisa Pascual, MD, Chief of Rehabilitation Services at LHH and SFGH, (Class of 2001–2003) and Mivic Hirose, RN, Chief Nursing Officer (Class of 2002–2004).

	09/05	07/05 to 09/05
New Appointments	20	33
Reinstatements	0	0
Reappointments	43	78
Delinquencies:	0	
Reappointment Denials:	0	
Resigned/Retired:	16	29
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Deceased	0	0
Changes in Privileges		
Additions	5	10
Voluntary Relinquishments	5	4
Proctorship Completed	2	6
Proctorship Extension	0	6

Current Statistics – as of 09/1/05	
Active Staff	467
Affiliate Professionals (non-physicians)	193
Courtesy Staff	552
TOTAL MEMBERS	1,212

Applications In Process	24	
Applications Withdrawn Month of September 2005	0	0 (07/05 to 09/05)
SFGH Reappointments in Process Oct. 2005 to Jan. 2006	164	

Commissioners' Comments

- Commissioner Monfredini thanked Catholic Healthcare West, particularly Commissioner Umekubo and Commissioner Illig, for being part of an extraordinary charitable effort.

- Commissioner Chow said the television media did not have a lot of good information on the impact of the hurricane. He is proud of people like the Mayor, Anne Kronenberg and other DPH staff and all of San Francisco for their response and offers to help. San Francisco should also be proud of its emergency preparedness plans. It would be helpful if other Bay Area counties could partner with San Francisco is providing services to hurricane survivors so that more people could be served. San Francisco can galvanize a Bay Area-wide response. Ms. Kronenberg replied that regional planning for disaster preparedness had already begun, which provides a good framework. In addition, San Jose has offered to take hurricane survivors. Ms. Kronenberg said the City has learned from the lessons of the 1989 earthquake and El Nino and the Health Department is committed to getting people permanent housing rather than keeping them in shelters.

- Commissioner Illig is proud of San Francisco's response. He asked if FEMA has committed to reimbursing the City for its efforts. Ms. Kronenberg said that the State did not want San Francisco to provide services to survivors, and said that if San Francisco took this step, it would do so without FEMA reimbursement. The State has since been shamed into taking action. DPH will work to get FEMA reimbursement.

- Commissioner Guy said the Health Commission fully supports this effort, as does the citizenry. Commissioner Guy said there are clear racial and economical aspects to the impact of this natural disaster. She is particularly concerned with preparedness for the aged and those with chronic, long-term health issues. The effects of this disaster will be long term.

- Commissioner Sanchez said that San Francisco stepping forward and using its experiences would create different pathways, for example the Presidio Trust, refurbished units at Hunters Point and other models. We need to think in terms of families, not just number of people. He also suggested partnerships with institutions of higher learning and the Northern California Community Funds.

- Commissioner Tarver thanked DPH staff for their tremendous efforts, which came at personal expense. The disparities in New Orleans and the entire region are acute. It is so appropriate that San Francisco, which brings so many culturally competent services, is stepping up to the plate. There might be a reticence on behalf of some people to participate in mental health therapy, but this can be overcome with patience and persistence. Trauma might also be delayed and we need to keep this in mind.

- Commissioner Umekubo thanked Ms. Kronenberg and DPH staff for their tremendous response to this tragedy. He encouraged staff to ask other providers for assistance. In times like this, people are paralyzed and do not know what to do to help. A natural disaster could happen anywhere, and this episode taught us a lesson that we as a country need to mobilize for a disaster.

5) CONSIDERATION OF A RESOLUTION APPROVING A DEEMED APPROVED USE ORDINANCE FOR OFF SITE ALCOHOL SALES

Ana Validzic, MPH, YouthPower Project Coordinator, Community Programs and Prevention, presented the proposed Deemed Approved Use Ordinance. Alcohol is a contributing factor for many diseases and injuries. Research has found that alcohol outlet density significantly impacts alcohol consumption as well as its related problems (e.g., drunk driving, homicides, and suicides). Currently, San Francisco has over 3,600 alcohol licenses, which is approximately one alcohol outlet for every 200 residents. This is the highest concentration of licensed alcohol outlets of any county in California. The Deemed Approved Use Ordinance establishes performance standards for off-sale alcohol outlets and provides funding for additional enforcement of the performance standards by the San Francisco Police Department. To assist off-sale alcohol outlets, the Deemed Approved Ordinance provides funding for a new education and outreach program through the Department of

Public Health to help businesses establish "Good Neighbor" policies and to avoid violations of local nuisance laws. To facilitate communication and a partnership among off-sale alcohol outlets, the Deemed Approved Ordinance establishes a new citizen advisory board, the Alcohol Outlet Advisory Board, comprised of neighborhood representatives, youth, storeowners, and members of business associations. The Alcohol Outlet Advisory Board will serve as a forum for complaints, compliments, and suggestions regarding the ordinance, its application, and specific off-sale alcohol outlets. The Health Department, San Francisco Community Action Live (SFCAL) and a citywide prevention youth council of the Youth Leadership Institute (YLI) are working with Supervisor Sophie Maxwell's office to enact a Deemed Approved Use Ordinance in San Francisco.

Maureen Sedonaen, president of the Youth Leadership Institute, said the DAUO is pro business, helps communities take charge of their neighborhoods and gives people a tool to improve life and vitality of businesses and residents. Ms. Sedonaen added that over the last few years, more than 120 young people in San Francisco have worked to bring this ordinance to fruition.

Commissioners' Comments

- Commissioner Chow asked if alcohol outlets support this ordinance. Ms. Sedonaen said they have been working with individual merchants and store owners in the Tenderloin, South of Market and Bayview who support the ordinance.

Action Taken: The Commission approved Resolution 13-05, "Supporting the Deemed Approved Use Ordinance," (Attachment A).

6) HEARING IN ACCORDANCE WITH THE HEALTH CARE PLANNING ORDINANCE (PROPOSITION Q): CLOSURE OF ST. LUKE'S HOSPITAL PSYCHIATRIC/BEHAVIORAL HEALTH INPATIENT UNIT

Anne Kronenberg said DPH has been attempting to move people from institutionalization into the community. Four years ago, DPH made the decision not to close a unit at the San Francisco General Hospital psychiatric inpatient unit. In return, DPH committed to decreasing administrative days at SFGH by moving patients to the appropriate levels of care within our own system. In addition, DPH said it would rely less on sending people to community hospitals such as St. Luke's and St. Mary's. This has been happening for the past four years. The result is that private hospitals have reduced their inpatient beds and the accompanying services. One of the reasons St. Luke's is before the Health Commission today is a result of a policy decision DPH made four years ago.

Jim Strong, CFO, Director of Operations for St. Luke's Hospital, said a team of staff from St. Luke's would describe the reason for the closure and how the hospital is committed to not abandoning its patients.

Dr. Marc Snyder, Chief of the Emergency Department and member of the Board of Trustees, said St. Luke's needs to close its psychiatric unit because of St. Luke's on-going financial distress, low program volume, changes in the community standard of care and availability of more appropriate and comprehensive care elsewhere. Dr. Snyder said that the average census in the psychiatric unit is five to six patients per day. Patients are not being abandoned, as there will still be competent staff in the emergency room to evaluate and stabilized patients and if they need acute care they would be transferred to other facilities. He is hopeful that they will be able to expeditiously transfer patients so as not to delay treatment.

Diana Netherton, Chief Nurse at St. Luke's Hospital, said this year the inpatient psychiatric unit has had an average daily census of six patients. Last year the daily census was seven. Low volume dilutes a program's quality over time. They have been unable to fill positions because of the instability of the program. The trend in low volume is because the standard of care is caring for people in a community setting, rather than in locked-down wards. The therapeutic milieu is focused on community of care. They are aware that closing psychiatric services will impact the people that work for them. They are confident that they would be able to absorb the RNs either at St. Luke's or at other Sutter facilities. Current program staff are: 12 mental health workers, 10 RNs, 1 clerk and 2 physicians.

Tom Travers, Director of Nursing Operations, has responsibility for the psychiatric ward. There has been a difficulty filling nursing positions, as well as maintaining skills due to a low volume. There are also facility limitations, and the setting is not conducive to patient safety. He does not think St. Luke's will abandon the psychiatric patients. They will serve them in the emergency room. They are emphasizing acute care in the Mission, and the psychiatric unit simply does not have the volume to sustain service.

Dr. William Miller, Chief Medical Executive of St. Luke's, said St. Luke's has experienced a few decades of decline, and Sutter Health has infused them with resources to give them new life. In the past few months they have built a new cardiac care center, a new orthopedic center and a new pediatric center. In the next few years they plan to do a complete renovation of the emergency department. They are in the process of expanding their oncology services. He presented a number of quality initiatives, including receiving JCAHO accreditation, the Leap Frog Initiative, a Medicare pneumonia initiative and participating in the 100,000 Lives Project. As they go through this period of growth, they must evaluate the programs they want to focus on. This is the backdrop upon which the decision was made to close the inpatient psychiatric unit.

Jim Strong concluded the presentation by saying that over the last four years, Sutter Health has contributed $163 million to modernizing a hospital that has a rich history in San Francisco but was almost bankrupt. The hospital is basically a primary care hospital, and they have to be judicious in which services they provide. St. Luke's relationship with CPMC has allowed St. Luke's to share expertise with doctors and other healthcare professionals. For example, cardiologists from CPMC are now performing diagnostic cardiac cath procedures at St. Luke's. Mr. Strong invited the Commissioners to visit the hospital.

Commissioners' Comments

- Commissioner Monfredini expressed extreme displeasure that Sutter Hospital and CMPC have not sent representatives to this meeting. She is also displeased that St. Luke's did not provide any information about the proposed closure to the Health Commission prior to the hearing. She asked how much money St. Luke's is losing per year. Mr. Strong said the hospital lost $23 million in 2004. The average daily census for 2005 is 56 acute care patients. Clearly the revenue base and payor mix are undesirable. Commissioner Monfredini asked who generated the idea to close the inpatient psychiatric unit. Mr. Strong said it was entirely a St. Luke's decision. CPMC and Sutter were not part of the decision-making process.

- Commissioner Illig understands the plan has been to minimize the use of inpatient beds, yet he read in the SFGH JCC minutes that there is such a backlog of patients at SFGH PES that we are now considering Code Yellow and Code Red. This does not make sense. Ms. O'Connell said the hospital made a real effort to not use other hospitals in the city, but instead focus on using DPH beds, and DPH, through patient flow efforts, has reduced the use of PES. As a result over the last few years they have referred a low number of patients to St. Luke's. That said, SFGH is the only psychiatric emergency facility in San Francisco. PES has the capacity for 16 and over the last few months there has been the demand for up to 24 patients. This has forced SFGH to look at doing things differently. Working closely St. Francis, Ms. O'Connell believes they will be able to handle to inpatient issue. The real challenge is in the emergency department, and St. Luke's needs to be able to continue to hold and stabilize patients in its emergency room. In the future they are going to have to ask all hospitals to hold patients if PES is full. Commissioner Illig asked if SFGH refers to CPMC's facility. Dr. Cabaj said that DPH does not contract with CPMC because of their lack of compliance with the City's Sunshine Ordinance. But there is spillover occassionlly. Dr.Cabaj reiterated that DPH has not contracted with St. Luke's for inpatient services for the past two years.

- Commissioner Chow asked how many patients were transferred from SFGH to St. Luke's. Dr. Cabaj said that this year, which began on July 1, they transferred eight clients to St. Luke's. Last year they transferred 155 and the year before 154. This is consistent with the data provided by St. Luke's. Commissioner Chow asked how much money the closure would save and when it is effective. Mr. Strong said they anticipate $1.5 million per year in savings. The closure is effective October 1.

- Commissioner Tarver asked why there has been such a decline. Dr. Cabaj said that the patient days and volume were relatively consistent in 2003 and 2004.

- Commissioner Sanchez asked if DPH offered to contract with St. Luke's. Dr. Cabaj said yes, but St. Luke's declined. Commissioner Sanchez asked if they did accept a contract, would that change the number of patients that are in the facility. Mr. Strong replied that St. Luke's offered the default rate and DPH offered less than the default rate. So they were unwilling to sign to contract. Commissioner Sanchez is frustrated that the Health Commission has had to ask questions and comment today on the details of the closure because St. Luke's didn't provide any information in advance of the hearing. Mr. Strong said that he would submit all the information in the required testimony by 5 p.m. Wednesday, September 7, 2005.

- Commissioner Tarver asked St. Luke's to provide information about total FTEs allotted to the inpatient psychiatric unit, including those that are vacant. He wants to get a total picture of what the staff complement is supposed to be, as opposed to what it currently is. Mr. Travers said there are 3.2 RN FTEs, 3.2 mental health worker positions, 1.4 clerk positions, a .5 psychologist position and two physicians.

- Commissioner Guy would also like additional information about the future of St. Luke's, which Dr. Miller touched upon in his presentation. St. Luke's has been a contributor to all San Franciscans, and most particularly our vulnerable citizens. St. Luke's needs to share this information and be accountable to it, otherwise people are forced to learn through the newspaper and telephone calls. Mr. Strong said that their boards and medical staff continue to discuss a potential merger with CPMC. When the Boards of Trustees make a decision about what the merger is going to look like, they will present this information to the Health Commission. Commissioner Guy said the Commission works on behalf of the community and they cannot tolerate further fraying.

- Commissioner Monfredini asked Jim McCaughey of CPMC to comment on the possible merger with St. Luke's Hospital. Mr. McCaughey said the merger is not a fait accompli but the two hospitals are working diligently to make this happen. He reiterated that they would return to the

Health Commission once a decision was made. The primary goal is to retain acute care services at St. Luke's, and the closure of the inpatient psychiatric unit is supportive of this direction.

- Commissioner Illig asked what steps St.Luke's is taking to meet the State's seismic safety standards. Mr. McCaughey said they have looked a various scenarios, but have not chosen an option yet. Commissioner Illig asked if all scenarios include an impatient facility at St. Luke's Hospital. Mr. McCaughey said they do. The first priority is the renovation of the emergency department. Commissioner Illig read from the May Sacramento Business Journal in which a former Sutter CEO said St. Luke's would stay with mental health. Commissioner Illig asked again about transferring patients from St. Luke's to the CPMC psychiatric inpatient unit. Mr. McCaughey said he has discussed this with the chief of psychiatry, and there is the capacity to be part of the solution.

- Commissioner Tarver asked why Sutter isn't infusing resources into psychiatry. He also asked for the JCAHO comments about the psychiatric unit. The issue is not lack of need. Also, psychiatry patients also have medical needs, and these needs are likely addressed at St. Luke's, in their community.

- Commissioner Guy asked the follow-up information to include information about the timeline for a potential merger.

- Commissioner Chow asked St. Luke's to include in the information they are responding to whether the Sutter system is willing and able to care for the eight patients that had been served by the St. Luke's psychiatric unit. This would go a long way in mitigating the impact of the proposed closure. These patients need to have a place to go to.

- Commissioner Monfredini asked St. Luke's to include in its packet information on the mental health outpatient services, and whether or not they intend to continue these services. Mr. Strong said they intend to continue to provide pharmaceutical services through the outpatient pharmacy. However, the outpatient counseling services that are also located on the unit are intended to close when the inpatient unit close. They intend to work with Progress Foundation to provide outpatient services to these patients. Commissioner Monfredini said it was a large omission in not informing the Commission about this. She asked Dr. Cabaj to find out if DPH has a formal contract with St. Luke's for outpatient mental health services.

- Commissioner Chow asked if the two psychiatrists positions would be eliminated. Mr. Strong said they would continue to contract with one of the two physicians to provide the consultation and call services so that they have 24/7 coverage by a psychiatrist.

- Commissioner Sanchez said that it seems as though St. Luke's is not keeping with its unique historical mission of being an integral part and partner in serving the indigent. He wants to see that the mission will remain constant. They have the community, staff, and physicians. It is a fantastic place. So instead of having closed discussions, St. Luke's should be forward with its plans. He is concerned that this flagship institution is going to be dismantled. Jim McCaughey said the goal is to maintain St. Luke's mission.

- Commissioner Monfredini asked Health Commission and DPH staff to discuss with the City Attorney whether or not an additional Proposition Q hearing is required to discuss the closure of the Outpatient Mental Health Program at St. Luke's. This greatly concerns her because the proposed closure is October 1.

Public Comment

- Joseph Smooke, Executive Director of Bernal Heights Neighborhood Center, has concerns about closing this unit. Why have the numbers dropped so precipitously, when they have served so many more patients in the past? Is there a strategy behind this? The need certainly has not diminished.

- Dr. Eugene Gaenslen, Physicians Organizing Committee, asked why we are discussing yet another step backward for our City. Sutter Corporation is not being held to its promise that they would not close any facilities. There are not enough psychiatric services in San Francisco. We should be addressing the problem of dire psychiatric need in San Francisco, not closing St. Luke's. He submitted a written copy of his testimony, which is on file in the Health Commission office.

- Judson True, aide to Supervisor Sandoval, read a statement from Supervisor Sandoval. St. Luke's is only one of two hospitals in the south of market area. Many people in District 11 rely on St. Luke's for care. Sutter's statement that they are going to close the inpatient psychiatric services means that patients are forced to travel longer distances for their care. Sutter Health can easily afford to operate St. Luke's at its current capacity. A copy of Supervisor Sandoval's statement is on file in the Health Commission Office.

- Mauricio Vela voiced his concern about the closure of the inpatient psychiatric services at St. Luke's. Sutter needs a real planning process with real community input and to disclose the future of St. Luke's.

- Alma DiStefano volunteered at St. Luke's when she was in high school. She recently had to visit a friend in the inpatient psychiatric unit. To take this resource away from the Mission without even providing outpatient care is a big deal. They are playing with people's lives. She also does not understand how they can only be serving six patients.

- Dr. Eugene Yee, attending psychiatrist at St. Luke's Hospital, said he's seen myriad executive staff come and go from St. Luke's. The staff has never been informed about changes. The reason the census has gone down is that the staff has decreased. When they had the appropriate staffing, they could carry a larger census. They historically had 30 beds available. There are 5-10 referrals a week that they have to turn down. He is also concerned about outpatient psychiatric services. He is being fired.

- Roy Recio said that San Franciscans need mental health services. St. Luke's is the only resource for the Excelsior neighborhood. He hopes the Health Commission makes a decision that will help the neighborhood and the community.

- Sara Angulo, housekeeper at St. Luke's Hospital for 21 years, said Sutter help can easily afford to keep all services open at St. Luke's, including the psychiatric inpatient unit. During the past two years, CPMC report nearly a quarter of a billion in profit.

- John Kosinski, Health Care Workers, said his members deal with the arrogance of Sutter and St. Luke's on a daily basis. Not once have they had any meetings with the community about the plan to rebuild St. Luke's to meet seismic safety standards. Sutter does not respect the Health Commission and does not respect San Francisco. CPMC makes $100 million a year in profits. Sutter has the resources to keep this hospital operational and dedicated to the community. Unfortunately the goal of Sutter is to maximize profits.

- Emily Gordon, Aide to Supervisor Tom Ammiano, read a statement from Supervisor Tom Ammiano. St. Luke's Hospital has been a vital community institution for thousands of residents. It is located in a part of the city that is medically underserved and also provides charity care in amounts that far exceed any other private hospital in the city. Sutter's announcement to cut inpatient psychiatric services at St. Luke's is a clear sign that it is operating under its own agenda without any real consideration of the community's health needs. A copy of Supervisor Ammiano's statement is on file in the Health Commission Office.

- Teresita Gatan said many people rely on psychiatric services at St. Luke's. People in the Mission, Bernal Heights, Bayview and Excelsior need to have services in their community. Sutter has broken a number of promises.

- Karl Kramer, a resident of the Mission and member of the community committee to save St. Luke's Hospital, said that for more than a century St. Luke's has provided quality medical services to people south of market and West of Twin Peaks. There needs to be a real planning process where community members and the public are truly involved in planning for services. There needs to be more transparency from Sutter on what their plans are for St. Luke's.

- Fe Purganan, employee at the SF Behavioral Health Center, said if Sutter closes St. Luke's psychiatric services, the patients would come to SFGH, which is already overburdened. Please make Sutter think twice about closing the unit.

- Gillian Gillet, co-chair of the San Jose/Guerrero Coalition to Save Our Streets, said they have been surveying the neighborhood around St. Luke's. The reason many people in the neighborhood will not go to St. Luke's is that people perceive a decline in services and that they should go to CPMC. It seems that St. Luke's is losing ground. There needs to be long-term planning for the health infrastructure in the City.

- Michael Music, Hospitality Coordinator at St. John the Evangelist, said St. Luke's is about healing, healing is about relationships and relationships are about honestly. He quoted Reverend Thomas Brotherton: "If it's difficult, we'll help you; if you don't know how, we'll show you; if you simply refuse, we'll make you."

Written Testimony submitted regarding the Proposition Q Hearing (all on file in the Health Commission Office)

- Mike McLoone, St. Luke's psychiatric unit serves many low-income people. Any reduction in San Francisco's capacity to serve this population will result in crisis. Sutter needs to be reminded of its promises to the California Attorney General to keep the psychiatric ward open.

- Chris Colwick, most of St. Luke's psych. patients are homeless or low-income and have very few options for services. If they do not receive proper care from Sutter, there is a good chance they will need even more costly and intensive services. Sutter was not supposed to do this according to an agreement with the State Attorney General.

7) PUBLIC COMMENT/OTHER BUSINESS

None.

8) ADJOURNMENT

The meeting was adjourned at 6:00 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

Attachment: (1)

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be reflected in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

Health Commission
City and County of San Francisco
Resolution No. 13-05

Supporting the Deemed Approved Use Ordinance

WHEREAS, San Francisco has the highest ratio of off-sale alcohol uses per capita in California, the great majority of which are liquor stores;

WHEREAS, poorly regulated off-sale alcohol uses increase the availability of alcohol in the communities in which they are located, and studies have demonstrated a link between the availability of alcohol and numerous negative health consequences, including violence, fatal traffic crashes and nuisance law violations; and

WHEREAS, research published in the *American Journal of Public Health* found that communities and neighborhoods that have a high number of bars and liquor stores per capita experience more violent assaults; and

WHEREAS, researchers at Columbia University found that 25% to 40% percent of all patients in US general hospital beds (not in maternity or intensive care) are being treated for complications of alcohol-related problems; and

WHEREAS, the Center for Substance Abuse Prevention has determined that the three leading causes of death for teenagers are associated with alcohol use: car crashes, homicides, and suicides; and

WHEREAS, the Youth Leadership Institute found that 50% of stores in the South of Market, Tenderloin, and Mission neighborhoods of the City are not in compliance with the State's "Lee Law" which requires that no more than 33% of a liquor store's windows and doors are to be covered with any kind of advertising; and

WHEREAS, nuisance and criminal activities such as drug dealing, public drunkenness, loitering, and other behaviors that negatively impact neighborhoods, occur with disproportionate frequency at and around the premises of off-sale alcohol uses; and

WHEREAS, neighborhood character can change over time and the careful regulation of nuisance activity by off-sale alcohol uses will help to ensure that such uses do not contribute to the deterioration of neighborhoods; and

WHEREAS, the City currently lacks a targeted administrative mechanism to enforce its existing Alcohol Restricted Use Districts in the Mission, Haight, Third Street, Divisadero, and North of Market neighborhoods, and to enforce its existing nuisance laws based on the past activities of off-sale uses on a store-by-store basis through the attachment of conditions, the imposition of administrative penalties, or the revocation of use permits; and

WHEREAS, educational campaigns directed at off-sale alcohol uses have been shown to improve their appearance, reduce nuisance activity, and benefit the local community; and

WHEREAS, there currently is no public body that brings together merchants, neighborhood representatives, and city officials to discuss the continuing nuisance problems associated with off-sale alcohol uses and to propose solutions to these problems; now, therefore, be it

RESOLVED, that the Health Commission commends Youth Leadership Institute for its commitment to reducing youth access to alcohol and improving the quality of life in neighborhoods of San Francisco; and be it

FURTHER RESOLVED, that the Health Commission supports the Deemed Approved Use Ordinance to regulate deemed approved off-sale alcohol outlets and commends it to the San Francisco Board of Supervisors for passage.

I hereby certify that the San Francisco Health Commission, at its meeting of September 6, 2005 adopted the foregoing resolution.

Michele M. Seaton
Executive Secretary to the Health Commission

Lee Ann Monfredini
President

Roma P. Guy, M.S.W
Vice President

Edward A. Chow, M.D.
Commissioner

James M. Illig
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

Donald E. Tarver, II, M.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.sfdph.org

AGENDA

HEALTH COMMISSION MEETING

Tuesday, September 20, 2005
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

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THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. AT 101 GROVE.

THE HEALTH COMMISSION WILL ACT ON THOSE CONSENT CALENDAR ITEMS THAT HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF SEPTEMBER 6, 2005**
**Minutes of the meeting of September 6, 2005*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner James M. Illig)

(3.1) **DPH-STD Prevention & Control** – Request for approval of a retroactive contract renewal with PHFE Management Solutions, in the amount of $78,400, including a 12% contingency, to provide fiscal intermediary services for the Positive Reinforcement Opportunity Project for gay and bisexual men and other men who have sex with men and report using methamphetamines, for the period of July 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report summary*

(3.2) **AIDS Office-HIV/AIDS Statistics & Epidemiology** – Request for approval of a retroactive new contract renewal with PHFE Management Solutions, in the amount of $146,947, including a 12% contingency, to provide fiscal intermediary services for the Core Surveillance Project for HIV/AIDS, for the period of September 1, 2005 through August 31, 2006.
** Contract summary, Monitoring report summary, Categorical report*

(3.3) **AIDS Office-HIV Health Services** – Request for approval of a retroactive contract renewal with UCSF/AIDS Health Project, in the amount of $294,219, to provide mental health crisis services to multiply-diagnosed San Francisco residents living with HIV and to homeless, out of treatment women with children/families, youth, people of color, transgender, indigent/very low income, previously incarcerated and immigrant or undocumented individuals, for the period of March 1, 2005 through February 28, 2006.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.4) **AIDS Office-HIV Health Services** – Request for approval of the following four new contracts for the provision of outpatient mental health services to persons with HIV and AIDS for the period of November 1, 2005, through February 28, 2007: Instituto Familiar de la Raza for $149,333; New Leaf for $229,913; Regents of the University of California San Francisco – AIDS Health Project for $506,083; and Westside Community Mental Health Service for $179,200. All four contracts utilize FY 2005-2006-2007 Federal Ryan White CARE Title I (CARE I) funds in the amount of $233,276 for the period of November 1, 2005, through February 28, 2006, and $699,830 for the period of March 1, 2006, through February 28, 2007, pending approval of the Federal CARE Title I Grant, and City and County General Funds in the amount of $17,367 for the period of November 1, 2005 through June 30, 2006. In addition, a 12% contingency, amounting to $114,056 will be applied to the contracts.
** Contract summary, Contract evaluation forms, Monitoring report summary, Response letter*

(3.5) **CBHS-Community Programs** – Request for approval of a retroactive new sole source contract with Central City Hospitality House, in the amount of $636,160, including a 12% contingency, to provide mental health socialization and wellness services, for the period of July 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report summary*

(3.6) **CBHS-Health Promotion & Prevention** – Request for approval of sole source contract renewal with Booker T. Washington Community Services Center in the amount of $335,275, including a 12% contingency, to provide logistical and administrative support services for the SevenPrinciples Project targeting African Americans for the period of September 30, 2005 through September 29, 2006.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.7) **CBHS-Maternal Child Health** – Request for approval of retroactive renewal contract with Polaris Research & Development in the amount of $457,845, including a 12% contingency, to provide Black Infant Health Improvement Program services targeting African American parents for the period of July 1, 2005 through June 30, 2006.
Contract summary, Monitoring report summary, Client demographic information form

(3.8) **DPH – Central Administration** – Acceptance of the Annual Gift Report
Annual Gift Report

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **FOR DISCUSSION AND ACTION:** **CONSIDERATION OF A RESOLUTION DETERMINING WHETHER THE CLOSURE OF ST. LUKE'S HOSPITAL PSYCHIATRIC/BEHAVIORAL HEALTH INPATIENT UNIT WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON HEALTH CARE SERVICE OF THE COMMUNITY**
Resolution

6) **FOR DISCUSSION:** **ANNUAL CHILDREN'S HEALTH COVERAGE REPORT FOR 2005**
(Jim Soos, Senior Health Program Planner, Office of Policy and Planning)
**Report*

7) **PUBLIC COMMENT/OTHER BUSINESS****

8) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmenta Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Adele Destro by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Ms. Destro or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm

Minutes of the Health Commission Meeting

Tuesday, September 20, 2005
at 3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:10 p.m.

Present:

- Commissioner Lee Ann Monfredini, President
- Commissioner Roma P. Guy, M.S.W., Vice President
- Commissioner Edward A. Chow, M.D.
- Commissioner James M. Illig
- Commissioner Donald E. Tarver, II, M.D.
- Commissioner John I. Umekubo, M.D.

Absent:

- Commissioner David J. Sanchez, Jr., Ph.D.

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2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF SEPTEMBER 6, 2005

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Tarver, Umekubo) approved the minutes of the September 6, 2005 Heath Commission meeting with two corrections. Dr. Eugene Yee was corrected to read Dr. Eugene Lee, and Commissioner Tarver's comments on page 11 were corrected to read "medical patients also have psychiatric needs."

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Illig chaired and Commissioner Chow attended the Budget Committee meeting.

> (3.1) DPH-STD Prevention & Control – Request for approval of a retroactive contract renewal with PHFE Management Solutions, in the amount of $78,400, including a 12% contingency, to provide fiscal intermediary services for the Positive Reinforcement Opportunity Project for gay and bisexual men and other men who have sex with men and report using methamphetamines, for the period of July 1, 2005 through June 30, 2006.
>
> (3.2) AIDS Office-HIV/AIDS Statistics & Epidemiology – Request for approval of a retroactive new contract renewal with PHFE Management Solutions, in the amount of $146,947, including a 12% contingency, to provide fiscal intermediary services for the Core Surveillance Project for HIV/AIDS, for the period of September 1, 2005 through

August 31, 2006.

Commissioners' Comments

- Commissioners would like outcomes and demographics for services provided through fiscal intermediary contracts.

(3.3) AIDS Office-HIV Health Services – Request for approval of a retroactive contract renewal with UCSF/AIDS Health Project, in the amount of $294,219, to provide mental health crisis services to multiply-diagnosed San Francisco residents living with HIV and to homeless, out of treatment women with children/families, youth, people of color, transgender, indigent/very low income, previously incarcerated and immigrant or undocumented individuals, for the period of March 1, 2005 through February 28, 2006.

(3.4) AIDS Office-HIV Health Services – Request for approval of the following four new contracts for the provision of outpatient mental health services to persons with HIV and AIDS for the period of November 1, 2005, through February 28, 2007: Instituto Familiar de la Raza for $149,333; New Leaf for $229,913; Regents of the University of California San Francisco – AIDS Health Project for $506,083; and Westside Community Mental Health Service for $179,200. All four contracts utilize FY 2005-2006-2007 Federal Ryan White CARE Title I (CARE I) funds in the amount of $233,276 for the period of November 1, 2005, through February 28, 2006, and $699,830 for the period of March 1, 2006, through February 28, 2007, pending approval of the Federal CARE Title I Grant, and City and County General Funds in the amount of $17,367 for the period of November 1, 2005 through June 30, 2006. In addition, a 12% contingency, amounting to $114,056 will be applied to the contracts.

Secretary's Note – this contract was continued to the next Health Commission meeting.

(3.5) CBHS-Community Programs – Request for approval of a retroactive new sole source contract with Central City Hospitality House, in the amount of $636,160, including a 12% contingency, to provide mental health socialization and wellness services, for the period of July 1, 2005 through June 30, 2006.

- Commissioner Illig asked how the Department was planning to work with Central City Hospitality House to ensure that their program is as effective as possible and is well equipped to compete in an RFP process. Ms. Korfmacher said DPH has already started its technical assistance to Central City Hospitality House, and this will continue.

(3.6) CBHS-Health Promotion & Prevention – Request for approval of sole source contract renewal with Booker T. Washington Community Services Center in the amount of $335,275, including a 12% contingency, to provide logistical and administrative support services for the SevenPrinciples Project targeting African Americans for the period of September 30, 2005 through September 29, 2006.

- Commissioner Illig asked if Booker T. Washington plans to expand its board of directors. Ms. Scott replied that they are planning to expand the board, and are carefully selecting candidates.
- Commissioner Chow asked how they are evaluating the measures. Ms. Smyly said that the Family Health Outcomes Project is the evaluator, and FHOP did a presentation at the Community Programs and Services Joint Conference Committee

last spring that showed promising data around awareness of infant mortality and disparities. She would be happy to give another update to the JCC. They use a variety of tools including surveys and pre- and post-tests. The jury is still out on the community access teams.

- Commissioner Illig asked the Department to provide a report at a future Community Programs and Services Joint Conference Committee that summarizes all Department initiatives across divisions that address African American health disparities.

(3.7) CBHS-Maternal Child Health – Request for approval of retroactive renewal contract with Polaris Research & Development in the amount of $457,845, including a 12% contingency, to provide Black Infant Health Improvement Program services targeting African American parents for the period of July 1, 2005 through June 30, 2006.

- Commissioner Illig asked what the outcomes are for this program. Ms. Johnson of MCH replied that the State requires the BIH program serve 25 percent of African American births, which equates to 150 new enrollees in the program each year. When women have this level of intervention, she estimates they have a 98 percent level of successful outcomes.
- Commissioner Chow asked if the program has resulted in improvements to Black Infant Health, and where these accomplishments are noted. Ms. Johnson replied that they are seeing very solid birth outcomes. Ms. Smyly added that there is a wide range of interventions around birth disparities. The BIH program is just one component, which is to provide support to African American women who are of low or medium risk for adverse outcomes. Based on the State's model, 98% of women had healthy babies and obtained better parenting skills.
- Commissioner Illig asked the representative from Polaris to address concerns about the Board of Directors (only four members and no term limits) and strongly recommends that the agency change its bylaws to increase Board membership with defined terms.

(3.8) DPH – Central Administration – Acceptance of the Annual Gift Report

- Commissioner Illig asked if DPH had received any funding from the Laguna Honda Hospital Foundation. Mr. Sass said it had not, and the Foundation is in suspension. Commissioner Illig said that the Health Commission heard testimony from LHH Foundation staff that the Foundation raised money and received grants. He is troubled that the Department is not connected at all to these funds, and he said the Laguna Honda Hospital Joint Conference Committee would be following up on this issue.
- Commissioner Chow thanked the public for its generosity, and thanked Avon for its contributions.

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Tarver, Umekubo) approved the Budget Committee Consent Calendar, with the exception of Item 3.4, which was deferred to the October 4th Health Commission meeting.

4) DIRECTOR'S REPORT

Anne Kronenberg, Acting Director of Health, presented the Director's Report.

Emergency Shelter for Survivors of Hurricane Katrina

As reported at the September 6th Health Commission meeting, DPH has been actively involved with the planning and provision of services for individuals and families evacuated from the Gulf States due to the disaster caused by Hurricane Katrina. The Red Cross, with support from the Human Services Agency and the Department of Public Health set up a shelter and service center in the basement of Saint Mary's Cathedral in anticipation of FEMA sending 300 evacuees during the week of September 5th. As it turned out, FEMA did not send evacuees to San Francisco, however, many individuals began to spontaneously migrate to San Francisco. Evacuees found their way to San Francisco because they had family or friends here. Although the numbers are still preliminary, it is believed over 400 families have arrived in San Francisco. Red Cross is continuing to process new cases daily.

The Health Department began staffing the Service Center September 6th. DPH staff included two public health nurses and two behavioral health providers, one nurse practitioner or physician and on-call psychiatrist. Our community partners, including Westside Mental Health, Bay View Hunters Point Foundation and Catholic Charities CYO, supplemented staff. Services were provided on site at the service center until September 19th. The Saint Mary's Service Center closed yesterday due to declining numbers of evacuees. Services were shifted to the American Red Cross headquarters on Second Street, the Human Services Agency, and Ella Hill Hutch Community Center. Referrals for health care services will now be made directly to the DPH Urgent Care Clinic on the SFGH campus.

Preliminary analysis of the documentation taken at the Service Center by DPH staff indicated that there were 158 unduplicated medical encounters seen at Saint Mary's Cathedral. More than seventy percent of the people seen at the Service Center came in for new or refill prescriptions. Sixty-three percent of the medication refills were for chronic conditions such as diabetes, hypertension, asthma and depression. Many referrals were made to Community Health Network clinics and Urgent Care at SFGH. The Communicable Disease Control and Prevention unit (CDCP) from DPH provided citywide health alerts to providers and immunizations for those that needed them.

DPH staff will continue to triage and refer evacuees who have registered with the Red Cross. The Department will continue to provide information to other health providers, including hospitals, on where to refer patients who need additional services and resources. Ms. Kronenberg is very proud of the work that staff performed over the course of the last two weeks providing needed services to the survivors of Hurricane Katrina.

San Francisco General Hospital

San Francisco General Hospital's annual unannounced Skilled Nursing Facility (SNF) survey from the Department of Health Services began Monday, September 19th and is expected to continue through the week. SFGH has two SNFs on campus, one located in the Main Hospital on 4A with 30 beds, and the other is located at the San Francisco Behavioral Health Center (formerly known as the MRFH) with 60 beds.

Capp Street Fire

Three individuals lost their lives in a three-alarm fire on September 15th at 19th and Capp. Four residents and five fire fighters were transported to San Francisco General Hospital. As of today, two firefighters are still at SFGH being treated for burns on their lower legs. A civilian from Capp Street remains in critical but stable condition in the ICU.

The fire affected buildings at 395 Capp and 3338 19th Streets. Damage to the 19th Street building was limited to one unit with minimal water damage. The 12-unit building on Capp Street was seriously gutted and tenants will not be able to return in the near future.

The population of the Capp Street units was single, mono-speaking Latino men. We did not open a shelter, but a MUNI bus transported the survivors to the Second Street Office for casework purposes. The Red Cross was on the scene immediately and helped coordinate the evacuation process and provided vouchers for temporary housing.

The owner of the Capp Street building was at the scene and reported a tenant list of 37. However, DPH staff believes the facility housed many more than those on the tenant list.

The Mission SRO Collaborative became involved the next day and provided Spanish-speaking counselors and services for the survivors. Ms. Kronenberg is grateful to Charlie Morimoto and Ben Aymes for their excellent response on behalf of the Department.

Commissioners' Comments

- Commissioner Monfredini commended DPH staff, particularly Anne Kronenberg, for their work with Hurricane Katrina survivors. Not only did staff volunteer their time, but also quietly went about doing their daily work.

5) CONSIDERATION OF A RESOLUTION DETERMINING WHETHER THE CLOSURE OF ST. LUKE'S HOSPITAL PSYCHIATRIC/BEHAVIORAL HEALTH INPATIENT UNIT WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON HEALTH CARE SERVICE OF THE COMMUNITY

Commissioner Monfredini thanked St. Luke's for providing the information that was requested by the Health Commission at the September 6th meeting in the 24-hour time period. Commissioner Monfredini noted that there was a misstatement in the September 19th letter from St. Luke's Hospital to the Health Commission. In that letter St. Luke's states it does not have a contract with the Department of Public Health for outpatient mental health services. However, Commissioners received a copy of such a contract from DPH staff, which was signed by the St. Luke's CFO in April. Therefore, the statement that St. Luke's does not have to comply with the Sunshine ordinance is also inaccurate. She asked Mr. Strong to clarify the statement that St. Luke's does not have a contract.

Mr. Strong, Director of Operations and Chief Financial Officer, said that St. Luke's license does not provide for outpatient psychiatric services. The contract with DPH is with St. Luke's subsidiary community health care clinic, which is a group of physicians. This contract is to provide physician services to see psychiatric patients. Commissioner Illig pointed out that the contract states that the contract is with St. Luke's Hospital. After reviewing documents and confirming the federal ID number, Mr. Strong said that the contract with DPH should not say Sutter or St. Luke's Hospital, but rather the St. Luke's Health Care Center. The contract clearly had a number of mistakes, and he takes responsibility for that.

Commissioner Monfredini asked if the Sunshine Ordinance would apply to a contract with the St. Luke's Health Care Center, given that they have their own Board of Trustees and board meetings. Dr. Cabaj stated that DPH has had the contract with St. Luke's for seven years. St. Luke's legal counsel has not had the opportunity to review this issue. Commissioner Guy said that Sunshine laws apply and were not honored.

Mr. Strong summarized some of the outstanding issues and questions that have been raised by the commissioners. Mr. Strong said with regard to the future of St. Luke's, they are in discussions with CPMC about a merger, but he has also given the commissioners copies of St. Luke's Strategic

Direction Recommendations, which were adopted by the Board of Directors in 2003. Mr. Strong said that St. Luke's has been working with the San Francisco Health Plan to increase the number of patients that St. Luke's sees. Mr. Strong presented ethnicity information about St. Luke's general patient population and specific information about the inpatient psychiatric unit. In that unit, the ethnicity is: White-45%, Hispanic-13%, Asian Pacific Islander-5%, African American-34%, native American-1%, Other-3%. Mr. Strong pointed to the outreach mechanisms that are used to communicate with staff, community and others, and said that St. Luke's has a community advisory council. Mr. Strong reiterated that patients would be seen, stabilized and appropriately triaged through the health care system, and if there is not a place to transfer these patient to, patients would continue to be served at St. Luke's, on a one on one basis, until they are able to stabilize and transfer the patient to an appropriate setting.

Commissioner Tarver said that 53% of the patients are Latino or African American so considerations of culturally competent services are very important. He expected more detailed information in terms of provisions in place to triage culturally competent psychiatric services. Mr. Strong said that the management team, which has been assembled over the past two years, recognized that St. Luke's is special and must provide culturally competent care. Most of their physicians are bilingual. The organizations they have met with, including Progress Foundation and other outpatient programs, are very well versed in cultural competency. Commissioner Tarver said that repeated studies show that approximately one third of patients in inpatient psychiatric programs are African American. They are more often misdiagnosed and subject to over medication. This is more likely to happen in an emergency room, rather than with a team of psychiatrists. He feels that this will result in people being provided substandard services. Mr. Strong said that St. Luke's has been involved in the African American disparity project and are well aware of the disparities. A psychiatrist with strong ties to St. Luke's has agreed to provide psychiatric consult services and follow up with these patients. Commissioner Tarver noted that, with this closure, San Francisco would lose acute psychiatric resources. So it is not just about having an informed and competent psychiatrist to provide consultations. It is an overburdened resource, and alternatives have already been utilized to the fullest extent. There will be long-term repercussions to removing this unit from St. Luke's. Commissioner Tarver reiterated his opinion that money could be infused into psychiatry, and Sutter has the income to do so.

Commissioner Monfredini reiterated that this Proposition Q hearing only covers the closure of St. Luke's inpatient unit, not the elimination of the outpatient mental health services. Commissioner Monfredini said it is up to the Commission to decide whether or not it would call for a Proposition Q hearing. Deputy City Attorney Aleeta Van Runkle said that it is the Health Commission's prerogative at this point to hold a hearing. Her understanding is that St. Luke's has already taken action to cease the services. If the Health Commission wants to require St. Luke's to post notice pursuant with the Administrative Code and hold a hearing, it can certainly do so. Deputy City Attorney Van Runkle said that the voters were very clear when they passed Proposition Q in 1988 that it covers any reduction in service as well as a closure of a facility and that it applies whether it is St. Luke's Health Center or St. Luke's Hospital.

Commissioner Illig said that Proposition Q is very clear that it is the Health Commission's job to advise policymakers when there is a negative health impact of any closure. Commissioner Illig said that St. Luke's is about to merge with CPMC, which is a cash cow, so that takes care of the issue of means. What the Commission is considering today is not the closure of a six-bed facility. Rather it is the closure of a 31-bed facility that has been starved to six beds, and that this is just the tip of the iceberg. Until the Health Commission hears that there is an agreement with CPMC about keeping these kinds of services open and keeping St. Luke's open, commissioners are going to pay very close attention. Mr. Strong replied that it is very clear that the Health Commission wants more transparency. Both CEO and Board Chairs have said that, if the merger between CPMC gets approved, they would come before the Health Commission to brief commissioners.

Commissioner Guy asked Mr. Strong to address the plans for the Neonatal Intensive Care Unit. Dr. William Miller said St. Luke's has an outstanding women and children's program, and they look forward to it growing in the future. There is a process currently underway to evaluate if the level of services provided by the neonatal intensive care would be changed to a Level 1 nursery, where critically ill babies are transferred to UCSF or CPMC, or remain a level 2 nursery, which is a neonatal ICU. Over the next four to six weeks they will make a recommendation to St. Luke's administration. If the decision is to downgrade to level 1, they will notify the Health Commission, intend to have a Proposition Q hearing and will provide the Health Commission with all supporting documentation. Commissioner Monfredini stressed to Mr. Strong that if there are any service reductions proposed for St. Luke's Hospital or St. Luke's Health Center or CPMC if the two entities merge, that they need to comply with Proposition Q.

Public Comment

- Richard Marquez, Mission SRO Collaborative and Mission Agenda, said that this is the beginning of the end. He strongly opposes the removal of inpatient psychiatric unit. This is a unit by unit dismantling of a community asset. Sutter/CPMC makes people crawl for services. St. Luke's has belonged to San Francisco for over 130 years, and is a prized resource for the southeast sector of the city.
- Karen Garrison, Bernal Heights Neighborhood Center and St. Luke's Advisory Council, said that over 80 percent of St. Luke's patients are either Medi-Cal or Medicare. It is vital that the uninsured and underinsured have access to medical and psychiatric services. Closing this department sets a bad precedent for closing other non-revenue producing units. The question is what's next.
- Dr. Bonita Palmer, a physician at St. Luke's, said that even prior to the proposed closure of the psych. unit it was clear that people were not receiving adequate or culturally competent mental health care. This will be exacerbated by the closure of this unit. Health care is a vocation, not a business. She had felt nothing but gratitude towards Sutter for the revitalization of St. Luke's, but she is opposed to the proposed closure.
- Michael Lyon, Gray Panthers, said the southeast sector of the city is already underserved medically, and the entire city is underserved psychiatrically. All Sutter cares about it getting approval to build a new medical center on Cathedral Hill. The City should consider using St. Luke's facilities as a solution to its rebuild challenges.
- Tom Gallagher, Bernal Heights Democratic Club, said poor people in Bernal Heights are under tremendous pressure, and he is concerned about reducing services to this population. While it was heartening to listen to the universal health care report, it is not available to people over 18, so the private sector has to be made to serve some of this population
- Bebe Castain, Bernal Heights resident and St. Luke's patient, is concerned about the future of St. Luke's and is worried that the closure of the inpatient psychiatric unit is just the first of future closures. St. Luke's needs to stay a community hospital and the community needs a written agreement from Sutter to maintain core services.
- Dr. Eugene Lee, attending psychiatrist at St. Luke's, shared his deep anger and resentment at St. Luke's for their disregard of front line support and medical staff. They were not allowed to be any part of the discussions and decisions. There have been a series of management decisions that have forced the inpatient psychiatric unit to have a low census.
- The Reverend John Kirkly, St. John the Evangelist Church, said that there is not a lack of need for acute psychiatric beds. This closure will further exacerbate the crisis that already exists. The

issue isn't lack of resources but a lack of creativity and priority. It is so important to provide services in the community context.

- Alma DiStefano said people should not have travel across town to visit friends, parents or children to visit a person in a mental health inpatient facility. Many people are very busy with their mental health issues and cannot come to these hearings and speak for themselves.
- Sara Angulo, housekeeper at St. Luke's, said the patients' access to care has to be protected. Any future change in the facility must be made public.
- Zenaida Javier, St. Luke's Hospital employee, said Sutter can easily afford to keep psychiatric services open. Sutter reported a half a billion dollars in profits in 2003.
- Mauricio Vela said St. Luke's needs to be there for the community and the families. The planning process has been terrible, and the process needs to include the community and the unions. The community needs the Health Commission's help to hold St. Luke's and Sutter Health accountable. San Francisco needs more services, not less.
- Jim McCaughey, Vice President of Planning at CPMC, said St. Luke's remains a viable provider of health care services for a large number of San Franciscans. St. Luke's and CPMC are committed to keeping the Commission informed about merger decisions. For nearly a decade the number of patients seeking care has declined, St. Luke's has been working with CMPC to develop an affordable plan for the delivery of care and preserving the mission. It is increasingly difficult to sustain a broad range of services at St. Luke's. He believes a deeper relationship with CMPC will continue the progress that has been made. He submitted a written copy of his testimony, which is on file in the Health Commission office.
- Makula Godwin is a staff nurse at SFGH and a independent film maker who has documented devastating social and economic impacts of closures of hospitals that serve the underserved. The needs of psych patients at SFGH are getting worse. Every one of the 97 beds at SFGH is impacted. SFGH often depends on St. Luke's when its units are full. Please, patients before profits.
- Bruce Hicks, St. Luke's employee, said the damage has already been done with the psychiatric unit. One of the psychiatrists that lost his job speaks eight languages. It seems that the tendency is to go with the high-tech, moneymaking units and not the others.
- John Kosinski, Health Care Workers Unit, said Sutter knew what they were getting into when the bought St. Luke's Hospital. They made an agreement with the Attorney General not to reduce services, and even before the agreement expires, they are cutting services. We cannot trust Sutter. The Board of Supervisors today passed an emergency resolution requesting that the Boards of Directors at CPMC and St. Luke's postpone the merger. The Board of Supervisors does not trust Sutter. Please vote that the closure has a detrimental impact.
- Dr. Lynn Shepler, psychiatric, applauds the Commission for holding St. Luke's accountable to Sunshine laws. The state has lost hundreds of inpatient psychiatric beds. Facilities cherry pick what services they are going to provide.
- Larry Bevan said people do not want any more promises from St. Luke's and Sutter. The reality is there are no inpatient psych units, but the need keeps growing. He, as a case manager, tried to get one of his patients into an inpatient facility and there were no beds available in the northern half of the state. We need to look at what the city needs, and we are at the tipping point for inpatient psychiatric services.

Commissioners' Comments

- Commissioner Illig said he heard that Kaiser is interested in buying St. Luke's. Mr. Strong said St. Luke's board voted to continue discussions just with CPMC, not with anyone outside the Sutter system. Commissioner Illig asked if CPMC is willing to put its plans in writing with regard to St.Luke's. Mr. McCaughey said the discussions are to execute the merger, and he will brief the Commission on these plans before the merger happens. Mr. Strong said he would like

to have his legal counsel discuss with DPH legal counsel whether a consistent standard is being applied to St. Luke's hospital. Deputy City Attorney Van Runkle noted for the record that she is not aware of a different standard. The standard is the same for all organizations.
- Commissioner Guy said St. Luke's is in no way being treated exceptionally with regard to Proposition Q. The Commission is trying to hold them to the floor of standards.
- Commissioner Chow supports the finding of a detrimental impact for many reasons. He is concerned that there is a lack of psychiatric beds, and that the city is reaching an impacted level. PES is backed up and there is the need to have condition red and condition yellow policies. St. Luke's closure will be detrimental. It may be true that St. Luke's has a low census. But facilities can create a low census, through lack of staffing, facilities issues, and other mechanisms. Further, he would have hoped that St. Luke's would have made a stronger commitment to meet its mission to serving the community. He was very disappointed when he read the new 21st Century mission of St. Luke's. Nowhere does the mission describe or acknowledge the uniqueness of St. Luke's. It is a generic mission statement that leads him to question the commitment to serve its historical community. This does not mean that St. Luke's should not look at ways of solving budget issues. But we need to look beyond how we meet the needs of the bottom line. He is further alarmed about plans for neonatal intensive care. The standard of care in San Francisco is to have a neonatal intensive care unit in order to take care of unforeseen emergencies. Ultimately, hospitals need public support. Sutter's resources could really create strong services to the St. Luke's community, and there is no vision for that. There is no reason why San Francisco cannot have strong community hospitals. But this requires partnership. He hopes to see this as we move forward.
- Commissioner Guy expressed her disappointment about the disintegration of the partnership with St. Luke's over the past five years. She supports the resolution.
- Commissioner Monfredini said that Commissioner Sanchez has indicated his support for the resolution.

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Tarver, Umekubo) amended the resolution to say that the closure will have a detrimental impact.

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Tarver,Umekubo) amended the resolution to add the following to the last Further Resolved clause: and that the Health Commission will schedule a Proposition Q hearing within 90 days.

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Tarver, Umekubo) approved Resolution 14-05, "Determining that the Closure of St. Luke's Hospital Psychiatric/Behavioral Inpatient Unit Will Have a Detrimental Impact on the Health Care Service of the Community," as amended (Attachment A).

6) ANNUAL CHILDREN'S HEALTH COVERAGE REPORT FOR 2005

Jim Soos, Senior Health Program Planner, Office of Policy and Planning, presented the Children's Health Coverage Report for 2005. The report covers the three public programs that provide insurance to children and youth in San Francisco: Medi-Cal, Healthy Families Program and Healthy Kids and Young Adults (HKYA). Mr. Soos highlighted accomplishments from 2004-2005:
- There is universal health insurance for children in San Francisco: 99.2% of San Francisco children have health coverage!
- Healthy Young Adults launched in January 2005, and 1,755 are enrolled already.
- Healthy Kids member satisfaction continues at 90% plus on all measures, for all ethnicities.
- HEDIS sores show good access and utilization.

These three programs combine to attempt to provide seamless and comprehensive coverage for children, youth and young adults. Medi-Cal covers children to age 21, Healthy Families covers kids to 19 and HKYA provides coverage to age 25. Medi-Cal covers lowest income, then Healthy Families, then HKYA. HKYA is the only program for undocumented kids. Medi-Cal remains the largest program statewide and in San Francisco. Total enrollment in the three programs in San Francisco is 55,997. Enrollment mirrors San Francisco's diverse populations, with Excelsior, Mission and the Bayview providing the largest number of enrollees.

The City of San Francisco funds HKYA, but the State and Feds fund the other programs. Universal coverage for children costs San Francisco $5.8 million per year. Someday the program will receive Federal S-CHIP money worth approximately $1 million per year as a contribution to Healthy Kids.

Jean Frasier, Executive Director of the San Francisco Health Plan, presented information specifically related to SFHP. SFHP is the number one choice of enrollees in all programs, and the CHN is the number one choice for SFHP members. SFHP is above the State average on all of the HEDIS measures, and is number one in the State on four of the seven measures.

One of the main challenges to the program has been retention. Children lose coverage for a variety of reasons, including failure to return the Annual Eligibility Review, age out of the program, move out of county, fail to pay premiums or obtain other coverage. SFHP works hard to keep members enrolled:

- Transition from monthly to annual premium for HKYA
- Monthly maintenance of current member address and contact information
- Retention efforts three months prior to re-enrollment
- Frequent reminders of assistance with re-enrollment

Ms. Frasier concluded the presentation by presenting Challenges/Next Steps:

- Dealing with forced increase in premiums for Healthy Families Program and Healthy Kids & Young Adults;
- San Francisco getting its share of the S-CHIP money;
- Finding the right next step in the drive toward universal coverage.

Commissioners' Comments

- Commissioner Monfredini is very pleased with and inspired by the report.
- Commissioner Umekubo asked if the paperwork is the main reason people fall out of the program. Ms. Frasier said it is far and away the most common reason. She reiterated that SFHP has implemented an annual eligibility review, instead of quarterly. Commissioner Umekubo said the work is extraordinary, and encouraged them to keep up the good work.
- Commissioner Tarver said that, given the extraordinary statistic that 89% of San Francisco's African American children are enrolled in Medi-Cal, it is interesting that the level of African American people enrolled in the Healthy Young Adult program is so low. Ms. Frasier said there are a variety of reasons for this. First, many of the people enrolled in Medi-Cal are enrolled in private providers. SFHP does not have access to their names, and it has been difficult to outreach to them as they age out of the program. Also, Medi-Cal covers people to the age of 21.
- Commissioner Guy said the Department, the Health Commission and the City have worked on universal health care for many years. And San Francisco has been systematically successful in expanding coverage. This report gives her faith that what San Francisco does in terms of universal health care works.
- Commissioner Illig noted that 14% of enrollees in the SFHP chose St. Luke's Hospital as their primary care provider. Commissioner Illig asked about efforts to expand coverage to parents.

Ms. Soos replied that DPH is looking at a number of discreet populations to see who can be covered. The City is considering implementing a local Healthy Parents program. Commissioner Illig said he heard that Kaiser has taken 3,000 members from SFHP their system. Ms. Frasier said that Kaiser has participated in the Healthy Kids program since its inception, and will take 2,500 to 3,000 SFHP clients.

- Commissioner Chow said this is an extraordinary effort. The goal of the health plan is to provide access, and they have done this very well. Commissioner Chow said that the premise of the plan, and one reason for success, is that is works as a private/public partnership between all the providers in San Francisco. He encourages more of this type of cooperation.

7) PUBLIC COMMENT/OTHER BUSINESS

None.

8) ADJOURNMENT

The meeting adjourned at 6:00 p.m.

Michele M. Seaton, Executive Secretary to the Health Commission

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DPH Home

Any questions, comments, or suggestions pertaining to this site may be directed to the DPH Webmaster

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor
Department of Public Health

Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

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Michele M. Seaton
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.sfdph.org

SPECIAL MEETING NOTICE

FOR THE

SAN FRANCISCO HEALTH COMMISSION

The regular meeting of the San Francisco Health Commission scheduled for Tuesday, October 4, 2004 will be held at a different location and time.

The meeting will be:

Tuesday, October 4, 2005, 4:00 p.m. to 6:00 p.m.
Richmond Recreation Center
251 18th Avenue (between California and Clement), San Francisco, CA 94121

Please note that the Budget Committee of the Health Commission will hold its meeting at the regular location, 101 Grove Street, Room 300, San Francisco, CA 94102, beginning at 2:00 p.m.

An agenda will follow.

For information please call the Commission Office at 554-2666.

(Posted September 14, 2005)

Lee Ann Monfredini
President

Roma P. Guy, M.S.W
Vice President

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AGENDA

HEALTH COMMISSION MEETING

Tuesday, October 4, 2005
at
4:00 p.m.*
RICHMOND RECREATION CENTER*
251 18TH AVENUE
San Francisco, CA 94121

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***PLEASE NOTE DIFFERENT MEETING TIME AND LOCATION. THE BUDGET COMMITTEE MEETING WILL BE HELD AT 101 GROVE.**

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 1:30 P.M. AT 101 GROVE.

THE HEALTH COMMISSION WILL ACT ON THOSE CONSENT CALENDAR ITEMS THAT HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF SEPTEMBER 20, 2005
**Minutes of the meeting of September 20, 2005*

3) PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner James M. Illig)

(3.1) **PHP-Community Health Promotion and Prevention** – Request for approval to accept and expend a new grant from Bay Area Community Resources, in the amount of $80,000, to support a four-year pilot project to promote healthy living and prevent and manage chronic health conditions among Russian-speaking newcomers in San Francisco, for the period of October 1, 2005, to June 30, 2009.
** Grant summary, Grant information form*

(3.2) **AIDS OFFICE-Prevention Services** – Request for approval of a retroactive new contract with Instituto Familiar de la Raza, in the amount of $175,840, which includes a 12% contingency, to provide Prevention with Positives services to the San Francisco Latino population, for the period of August 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.3) **AIDS OFFICE-Prevention Services** – Request for approval of a retroactive new contract with Instituto Familiar de la Raza, in the amount of $224,000, which includes a 12% contingency, to provide Health Education and Risk Reduction services to the San Francisco Latino population, for the period of August 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.4) **AIDS OFFICE–HIV Health Services** – Request for approval of the following four AIDS Outpatient Mental Health contracts supported with FY 2005-2006-2007 Federal Ryan White CARE Title I (CARE I) funds in the amount of $233,276 for the period of November 1, 2005 through February 28, 2006 and $699,830 for the period of March 1, 2006 through February 28, 2007 pending approval of the Federal CARE title I Grant, and City and County General Fund in the amount of $17,367 for the period of November 1, 2005 through June 30, 2006. In addition, a total 12% contingency, in the amount of $59,833 will be applied, as outlined in the table below.

Instituto Familiar de la Raza	$149,333
New Leaf	$229,913
UCSF – AIDS Health Project	$451,860
Westside Community Mental Health	$179,200
Total	$1,010,306

** Contract summary, Contract evaluation forms, Monitoring report summary, Response letters, Client demographic information forms*

(3.5) **AIDS OFFICE-Prevention Services** – Request for approval of a retroactive new contract with Aguilas, Inc., in the amount of $272,160, which includes a 12% contingency, to provide Health Education and Risk Reduction services and Prevention with Positives services to the San Francisco Latino population, for the period of August 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.6) **AIDS OFFICE-Prevention Services** – Request for approval of a retroactive contract renewal with Centerforce, Inc., in the amount of $156,800, to provide HIV prevention services for the State's HIV Corrections Initiative, targeting inmates at San Quentin State Prison and Valley State Prison for Women, for the period of July 1, 2005 through June 30, 2007.
** Contract summary, Cover letter and Monitoring report summary, Client demographic information form*

(3.7) **AIDS OFFICE–HIV Health Services** – Request for approval of the following six Centers of Excellence contracts funded with FY 2005-2006-2007 Federal Ryan White CARE Title I (CARE I) funds in the amount of $2,102,973 for the period of November 1, 2005 through February 28, 2006 and $6,308,918 for the period of March 1, 2006 through February 28, 2007 pending award of the Federal CARE Title I Grant, and City and County General Fund in the amount of $110,000 for the period of November 1, 2005 through June 30, 2006. In addition, a total 12% contingency, in the amount of $609,493 will be applied, to all contracts with the exception of the University of California at San Francisco contracts.

	Grand Total
Mission Neighborhood Health Center	$746,667
Tenderloin AIDS Resource Center	$2,578,738
UCSF Chronic Care HIV/AIDS Multi-Disciplinary Program (CCHAMP)	$2,606,999
UCSF Family Service Network	$835,780
Westside Community Mental Health	$2,240,000
Native American Health Center	$123,200

** Contract summary, Monitoring report summaries, Contract evaluation form, Client demographic information form*

(3.8) **AIDS OFFICE–HIV Health Services** – Request for retroactive approval of the FY 2005-2006 City and County of San Francisco General Fund HIV Health Services contract renewals: $2,553,866 in General Fund and a 12% contingency amount of $299,724 for a combined total of $2,853,590 for the period of July 1, 2005 through June 30, 2006 with the following agencies:

AIDS Legal Referral Panel	$142,483
Asian Pacific Islander Wellness Center	$213,854
Immune Enhancement Project	$210,083
Instituto Familiar de la Raza	$138,437
Legal Services for Children	$100,996
Mission Neighborhood Health Center	$151,156
Native American AIDS Project	$112,000
Positive Resource Center	$136,079
Quan Yin Healing Arts Center	$121,013
San Francisco AIDS Foundation	$1,107,049
Shanti Project	$364,298
UCSF – AIDS Health Project	$56,142
Total	$2,853,590

** Contract summary, Monitoring report summaries, Contract evaluation forms, Grievance procedure standards, Client demographic information forms*

(3.9) **PHP-STD Prevention & Control** – Request for approval of a retroactive new contract with PHFE Management Solutions, in the amount of $235,931, which includes a 12 %, to provide fiscal intermediary services to support HIV prevention services which include; Health Education and Risk Reduction, Prevention with Positives, and Partner Counseling and Referral Services, for the period of July 1, 2005 through December 31, 2006.

** Contract summary, Monitoring report summary, Client demographic information form*

(3.10) **PHP–STD Prevention and Control Services -** Request for approval to accept and expend a new three year grant from the Centers for Disease Control in the amount of $80,000, to establish an enhanced STD Surveillance Network, for the period of September 30, 2005 through September 29, 2008 and approval of a new contract with PHFE Management Solutions, for the period of January 1, 2006 to December 31, 2006.
** Grant summary, Grant information form, Budget justification,*

(3.11) **PHP-Community Programs/AB 75 Project** – Request for approval of a contract renewal with AmeriChoice, in the amount of $127,700, to provide fiscal intermediary services for the FY 2005-06 CHIP Hospital and Physician Program, for the period of November 15, 2005 through March 31, 2007.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.12) **CBHS-Community Programs** – Request for approval of a retroactive contract renewal with Positive Directions Equals Change, in the amount of $305,500 per year, for a total contract amount of $1,368,640, which includes a 12% contingency, to provide outpatient substance abuse treatment services, for the period of July 1, 2005 through June 30, 2009.
** Contract summary, Cover letter and Monitoring report summary, Response letter, Client demographic information form*

(3.13) **CHN-SFGH Radiology** – Request for approval of a sole source contract renewal with Aureus Radiology, LLC, in the amount of $100,000, to provide as-needed Digital Mammography Radiology screening services in a mobile van setting on behalf of San Francisco General Hospital's Avon Breast Center, for the period of October 1, 2005 through September 30, 2006.
** Contract summary, Monitoring report summary*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **FOR DISCUSSION:** **PRESENTATION OF DPH SERVICES AND DEMOGRAPHICS OF THE RICHMOND DISTRICT**
(Jim Soos, Senior Health Planner, Policy and Planning)

6) **FOR DISCUSSION:** **PUBLIC HEARING ON HEALTH NEEDS IN THE RICHMOND DISTRICT**

7) **PUBLIC COMMENT/OTHER BUSINESS****

8) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

The Richmond Recreation Center is located at 251 18th Avenue, between California and Clement streets. The recreation center is wheelchair accessible.

MUNI bus lines serving the area are the #1 California (Inbound and Outbound stop is at 19th/California, walk 1 1/2 blocks to 18th/Clement), #2 Clement (Outbound stop is at 17th/Clement, Inbound stop is at 18th/Clement), #38 Geary (Inbound and Outbound stop is at 17th/Geary, walk 2 blocks to 18th/Clement); cross-town routes, the #28-19th Ave and #29 Sunset lines serve the area. For information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Adele Destro by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Ms. Destro or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, October 4, 2005
at
4:00 p.m.
RICHMOND RECREATION CENTER
251 18TH AVENUE
San Francisco, CA 94121

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/05

1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 4:10 p.m.

Present:	Commissioner Lee Ann Monfredini, President Commissioner Roma P. Guy, M.S.W., Vice President Commissioner Edward A. Chow, M.D. Commissioner James M. Illig Commissioner Donald E. Tarver, II, M.D. Commissioner David J. Sanchez, Jr., Ph.D.
Absent:	Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF SEPTEMBER 20, 2005

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Tarver) approved the minutes of the September 20, 2005 Heath Commission meeting, with one correction. The minutes will reflect that the Laguna Honda Hospital Foundation is in suspension, not disbanded.

3) APPROVAL OF THE CONSENT CALENAR OF THE BUDGET COMMITTEE

Commissioner Illig chaired and Commissioner Chow and Commissioner Sanchez attended the Budget Committee meeting.

(3.1) **PHP-Community Health Promotion and Prevention** – Request for approval to accept and expend a new grant from Bay Area Community Resources, in the amount of $80,000, to support a four-year pilot project to promote healthy living and prevent and manage chronic health conditions among Russian-speaking newcomers in San Francisco, for the period of October 1, 2005, to June 30, 2009.

Commissioners' Comments

- Commissioner Illig said Commissioner Tarver is very interested in the outcomes for this project. Ms. Erwin replied that Dr. Lisa Johnson and Dr. Hali Hammer are co-chairs of the initiative, and would be developing specific outcomes around medical indicators, self-efficacy and provider knowledge.

- Commissioner Chow asked if the materials that are developed by the collaborative would be available to other people beyond the target populations. Ms. Erwin said the intent is to widely distribute the materials.

(3.2) **AIDS OFFICE-Prevention Services** – Request for approval of a retroactive new contract with Instituto Familiar de la Raza, in the amount of $175,840, which includes a 12% contingency, to provide Prevention with Positives services to the San Francisco Latino population, for the period of August 1, 2005 through June 30, 2006.

(3.3) **AIDS OFFICE-Prevention Services** – Request for approval of a retroactive new contract with Instituto Familiar de la Raza, in the amount of $224,000, which includes a 12% contingency, to provide Health Education and Risk Reduction services to the San Francisco Latino population, for the period of August 1, 2005 through June 30, 2006.

Commissioners' Comments

- Commissioner Illig asked if the agency is considering expanding its board. Estella Garcia, Executive Director, said that there were eight members of the board until July. The board is interviewing for a replacement, and is also considering term limits.

- Commissioner Sanchez said that this is an opportunity for Instituto Familiar de la Raza to revisit the pathways it has developed over the past 25 years.

(3.4) **AIDS OFFICE–HIV Health Services** – Request for approval of the following four AIDS Outpatient Mental Health contracts supported with FY 2005-2006-2007 Federal Ryan White CARE Title I (CARE I) funds in the amount of $233,276 for the period of November 1, 2005 through February 28, 2006 and $699,830 for the period of March 1, 2006 through February 28, 2007 pending approval of the Federal CARE title I Grant, and City and County General Fund in the amount of $17,367 for the period of November 1, 2005 through June 30, 2006. In addition, a total 12% contingency, in the amount of $59,833 will be applied, as outlined in the table below.

Instituto Familiar de la Raza	$149,333
New Leaf	$229,913
UCSF – AIDS Health Project	$451,860
Westside Community Mental Health	$179,200
Total	$1,010,306

Secretary's Note – Items 3.4, 3.7 and 3.8 were presented and discussed as one item.

Mr. Loyce presented a summary of the $4 million 2005/2006 general fund allocations. The Mayor allocated $1.557 million that was used for integrated case management, legal/immigration services, complementary therapies and outpatient substance abuse services. The Board of Supervisor's added $1.55 million for restoration of CARE reductions and for Centers of Excellence awards. $500,000 was used for two COE solicitations, and the remainder was used to restore services affected by the 2005/06 CARE Award reduction. In addition, the Board added $1 million in general fund dollars. $400,000 has been allocated for methamphetamine treatment. The Director of Public Health will determine the allocation of the remaining $600,000.

Commissioners' Comments

- Commissioner Chow asked how the specific contract allocations were determined and what the scope of work will be for each contract. Ms. Long replied that there were ten applications and five successful bidders. The scope of work exceeded the money that was available, so each contractor's scope needed to be revised. This process is still underway, which is why there are no units of service yet. Different bidders applied for different amounts. A review panel ranked the proposals and made funding recommendations. The AIDS Office looked at the populations that were served by agencies not getting funding through this process to make sure they were covered by other providers.

- Commissioner Illig requested, on behalf of Commissioner Tarver, that New Leaf provide a copy of its most recent cultural competency report. Commissioner Tarver notes that the demographics provided in the packet indicate that 53 percent of program participants are people of color, yet 80 percent of staff are white.

(3.5) **AIDS OFFICE-Prevention Services** – Request for approval of a retroactive new contract with Aguilas, Inc., in the amount of $272,160, which includes a 12% contingency, to provide Health Education and Risk Reduction services and Prevention with Positives services to the San Francisco Latino population, for the period of August 1, 2005 through June 30, 2006.

Commissioners' Comments

- Commissioner Illig conveyed Commissioner Tarver's commendation of the pamphlets that the agency distributed at the Castro Street Fair.

(3.6) **AIDS OFFICE-Prevention Services** – Request for approval of a retroactive contract renewal with Centerforce, Inc., in the amount of $156,800, to provide HIV prevention services for the State's HIV Corrections Initiative, targeting inmates at San Quentin State Prison and Valley State Prison for Women, for the period of July 1, 2005 through June 30, 2007.

Commissioners' Comments

- Commissioner Illig asked if the inmates served through this program are San Francisco residents. Mr. Tierney said they are.

(3.7) **AIDS OFFICE–HIV Health Services** – Request for approval of the following six Centers of Excellence contracts funded with FY 2005-2006-2007 Federal Ryan White CARE Title I (CARE I) funds in the amount of $2,102,973 for the period of November 1, 2005 through February 28, 2006 and $6,308,918 for the period of March 1, 2006 through February 28, 2007 pending award of the Federal CARE Title I Grant, and City and County General Fund in the amount of $110,000 for the period of November 1, 2005 through June 30, 2006. In addition, a total 12% contingency, in the amount of $609,493 will be applied, to all contracts with the exception of the University of California at San Francisco contracts.

	Grand Total
Mission Neighborhood Health Center	$746,667
Tenderloin AIDS Resource Center	$2,578,738
UCSF Chronic Care HIV/AIDS Multi-Disciplinary Program (CCHAMP)	$2,606,999
UCSF Family Service Network	$835,780
Westside Community Mental Health	$2,240,000
Native American Health Center	$123,200

Michelle Long, Director of Health Services for the AIDS Office, described the Centers of Excellence (COEs). The goals for the COEs are that individuals living with HIV/AIDS and severe needs, or individuals from special populations, will have better health outcomes and improved quality of life; that they will have seamless access to primary medical care and critical support services; and that people currently not in care will be linked to and maintained in health care.

Commissioners' Comments

- Commissioner Chow asked how it was determined that there would be seven COEs. Ms. Long replied that CARE dollars provided funding for five COEs. The AIDS Office looked at the coverage provided by these five, and found that Native Americans and the jail population would not be served. So they used general fund dollars to fund these two COEs. Commissioner Chow asked how many agencies are being defunded, and how many patients will be impacted. Ms. Long replied that 12 agencies would be defunded, and not included in a COE. The AIDS Office is planning the transition of patients of defunded programs to one of the COEs.

- Commissioner Illig understands that the COEs will serve high-need patients. He is concerned that people who are not high-need, but were previously served by an integrated service program, will not receive services under this new model. Ms. Long said the AIDS office held a meeting with contractors, and some agencies indicated additional capacity. In addition, there will still be stand alone programs that will service patients who are not as high need.

- Commissioner Illig said Commissioner Tarver would like additional information about how the UCSF AIDS Health Project is planning to expand services to people of color. Commissioner Illig said the Westside demographics that were included in the packet indicate that the majority of the program clients are white, and asked how the program could serve more African

Americans. Abner Boles, Executive Director of Westside, said that the program in question historically served the Castro, but has been relocated to 6th and Folsom. Other steps are also being taken.

- The Budget Committee asked that an update on this model be presented through a Joint Conference Committee. The report will specifically cover an update on the Centers of Excellence and what happened to people that were not effectively transitioned. In addition, the Budget Committee invited the HIV Planning Council to present at this Joint Conference Committee meeting.

- The Budget Committee commended staff for the new report format.

(3.8) **AIDS OFFICE–HIV Health Services** – Request for retroactive approval of the FY 2005-2006 City and County of San Francisco General Fund HIV Health Services contract renewals: $2,553,866 in General Fund and a 12% contingency amount of $299,724 for a combined total of $2,853,590 for the period of July 1, 2005 through June 30, 2006 with the following agencies:

AIDS Legal Referral Panel	$142,483
Asian Pacific Islander Wellness Center	$213,854
Immune Enhancement Project	$210,083
Instituto Familiar de la Raza	$138,437
Legal Services for Children	$100,996
Mission Neighborhood Health Center	$151,156
Native American AIDS Project	$112,000
Positive Resource Center	$136,079
Quan Yin Healing Arts Center	$121,013
San Francisco AIDS Foundation	$1,107,049
Shanti Project	$364,298
UCSF – AIDS Health Project	$56,142
Total	$2,853,590

(3.9) **PHP-STD Prevention & Control** – Request for approval of a retroactive new contract with PHFE Management Solutions, in the amount of $235,931, which includes a 12 %, to provide fiscal intermediary services to support HIV prevention services which include; Health Education and Risk Reduction, Prevention with Positives, and Partner Counseling and Referral Services, for the period of July 1, 2005 through December 31, 2006.

(3.10) **PHP–STD Prevention and Control Services** - Request for approval to accept and expend a new three year grant from the Centers for Disease Control in the amount of $80,000, to establish an enhanced STD Surveillance Network, for the period of September 30, 2005 through September 29, 2008 and approval of a new contract with PHFE Management Solutions, for the period of January 1, 2006 to December 31, 2006.

(3.11) **PHP-Community Programs/AB 75 Project** – Request for approval of a contract renewal with AmeriChoice, in the amount of $127,700, to provide fiscal intermediary services for the FY 2005-06 CHIP Hospital and Physician Program, for the period of November 15, 2005 through March 31, 2007.

(3.12) **CBHS-Community Programs** – Request for approval of a retroactive contract renewal with Positive Directions Equals Change, in the amount of $305,500 per year, for a total contract

amount of $1,368,640, which includes a 12% contingency, to provide outpatient substance abuse treatment services, for the period of July 1, 2005 through June 30, 2009.

(3.13) **CHN-SFGH Radiology** – Request for approval of a sole source contract renewal with Aureus Radiology, LLC, in the amount of $100,000, to provide as-needed Digital Mammography Radiology screening services in a mobile van setting on behalf of San Francisco General Hospital's Avon Breast Center, for the period of October 1, 2005 through September 30, 2006.

Commissioners' Comments

- Commissioner Illig asked if the contractor is complying with the City's equal benefits ordinance. Galen Leung replied that the Department received a 12B waiver for this contract from the Human Rights Commission with the stipulation that the service is put out to bid next year.

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Tarver) approved the Budget Committee Consent Calendar.

4) DIRECTOR'S REPORT

Anne Kronenberg, Acting Director of Health, submitted the Director's Report for review and comment.

SFGH Certification Survey Results

San Francisco General Hospital's annual unannounced licensing and certification survey for long-term care from the Department of Health Services began on September 19th and was successfully completed on Thursday, September 22nd with only three minor deficiencies identified. SFGH has two long-term care facilities on campus: a 30-bed unit located in the Main Hospital on 4A, and a 60-bed unit located at the San Francisco Behavioral Health Center (SFBHC). We are pleased with the outcome of this survey that reflects the excellent care our staff delivers to our long-term patients throughout the Department.

Chinatown Public Health Center

The staff of Chinatown Public Health Center today kicked off the "San Francisco Chinese 5-a-Day Project" at the Four Seas Restaurant with a press conference and luncheon. This is the first California Nutrition Network project in the state targeting low income Chinese population to promote fruit and vegetable intake and an active lifestyle. Over 20 community partner agencies participated in this project. Today's event featured Martin Yan, author and star of the TV show *Yan Can Cook*, along with Assemblyman Leland Yee, Board of Supervisor President Aaron Peskin and a number of other federal, state and local representatives. The Chinese 5-a-Day Project developed a 50-page, bilingual Chinese/English education flipchart-cookbook offering tips on increasing fruit and vegetable intake and physical activity, the dietary guidelines for 2005 and innovative Chinese cooking recipes. Martin Yan assisted in the development of the low fat, nutritious recipes.

The Health Commissioners will be receiving a copy of the cookbook. Thanks to Catherine Wong and Grace Lam of the Chinatown Public Health Center for their excellent work on this project.

Hurricane Katrina Volunteer

San Francisco General Hospital Surgeon Jan Horn, MD, has returned from three weeks service in New Orleans as a member of a Search and Rescue Team under the auspices of FEMA. Dr. Horn and his team were responsible for evacuating patients who were stranded in New Orleans, and, unfortunately, were heavily involved in the recovery of individuals who did not survive Hurricane Katrina. We are proud of Dr. Horn's contribution to the relief effort, and thankful for his safe return.

Community Health Network - San Francisco General Hospital – October 2005 Credentials Report

	10/05	07/05 to 10/05
New Appointments	25	53
Reinstatements	0	0
Reappointments	37	121
Delinquencies:	0	
Reappointment Denials:	0	
Resigned/Retired:	7	45
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Deceased	0	0
Changes in Privileges		
Additions	5	15
Voluntary Relinquishments	6	9
Proctorship Completed	33	8
Proctorship Extension	0	6

Current Statistics – as of 10/1/05	
Active Staff	466
Affiliate Professionals (non-physicians)	193
Courtesy Staff	558
TOTAL MEMBERS	1,217

Applications In Process	30	
Applications Withdrawn Month of October 2005	1	0 (07/05 to 10/05)
SFGH Reappointments in Process Nov. 2005 to Feb. 2006	197	

LHH Credentials Year-to-Date Report – 7/1/2005 to 9/20/2005

New Appointments	5
Reinstatements	0
Withdrawal	0
Reappointments	10
Delinquencies:	0
Reappointment Denials:	0
Resigned/Retired	8
Disciplinary Actions	0
Restriction/Limitation of Privileges	0
Changes in Privileges	0
Additions	0
Voluntary Relinquishments	0

5) PRESENTATION OF DPH SERVICES AND DEMOGRAPHICS OF THE RICHMOND DISTRICT

Jim Soos, Senior Health Planner, Policy and Planning, presented health data for 94118 and 94121, the two zip codes that encompass the Richmond. There are 83,000 residents in these two zip codes, which is 10 percent of the San Francisco population. Mr. Soos described residents by gender, age, ethnicity and income. The average income is higher than in many parts of the city, but this data is skewed because 94118 includes Presidio Heights and Laurel Heights. One in seven households in the Richmond earns less than $20,000. The Richmond has a high number of pedestrian injuries and death. Between 1995 and 2004 there were 38 severe injuries and nine deaths in the Inner Richmond, and 22 severe injuries and three deaths in the Outer Richmond. Richmond residents do not extensively use DPH services. The percentage of DPH clients is as follows: 4% of inpatient and primary care clients, 3% of aging and long-term care clients, 4% of Community Behavioral Health Services and 2% of AIDS clients. The Department funds a variety of programs that serve Richmond residents.

6) PUBLIC HEARING ON HEALTH NEEDS IN THE RICHMOND DISTRICT

Commissioner Monfredini welcomed everyone to the meeting. The Health Commission is pleased to be in the Richmond to learn about community concerns.

- Carly Leung, Newcomer's Health Program, said the Newcomer's Health Program provides health screening and services to newcomers in San Francisco. Many asylees have serious health problems. The Chinese asylee community appreciates the services the program provides, and benefit from it. Commissioner Tarver asked if there are issues around accessing services, since the clinic is located at San Francisco General Hospital. Ms. Leung said this has not been a problem, since SFGH is in a central part of the city. They are in good communication with the people in the program to make sure people make their appointments. Commissioner Guy asked how clients get connected to program. Ms. Leung said they have two primary methods. First, they do home visits and talk to neighbors to see who could benefit from services. Second, they receive a list of people who have applied for asylum status within the United States. Commissioner Sanchez said it is very commendable that staff is able reach these populations.

- Olga Radom, Newcomer Health Program. Ms. Radom is a health worker and also came to this country as a refugee. In San Francisco, the Russian-speaking newcomer population has grown over the past decade. Russian immigrants have chronic health problems. It is a diverse population. Most clients experience many difficulties before immigrating to the United States. Most lose educational and socio-economic status when they come to the U.S. Many do not understand the U.S. health model. The program provides outreach, health assessment, treatment, interpretation and health education. She said that DPH should be looking at finding the financial support for getting people to the refugee health clinic, for example taxi vouchers. Public transportation can be complex. The Russian community is not an easy community.

- Sasha Mosalov, Sunset Russian Tobacco Education Program. A new branch of the program is Let's Be Healthy, which is a new approach that includes chronic disease management, healthy eating, physical activity, including walking groups. One way the Commission could help is to have the doctors give support for the effort, and to offer ideas. Commissioner Monfredini asked if it is difficult to persuade Russian women to get mammograms. Ms. Radom replied that mammograms are part of the newcomer screening, and she has never had anyone decline one.

- Kyle Shea, GOYAC youth advisory council at Washington High School. He said there are no queer youth programs in the Richmond community. When he came out in 7th grade, he had no clue about where to go. He would get attacked and did not know how to get help. Commissioner Monfredini asked Mr. Loyce to connect with Mr. Shea and talk about what services the AIDS Office has to offer. Commissioner Guy recommended that he work through the Health Commission's Youth Health Advisors. Commissioner Illig urged him to contact Youth Space, which is looking for outreach opportunities.

- Bryant Tan, API Wellness Center Youth Program Coordinator, thanked the Commission for supporting their efforts to increase resources for gay youth. The API Wellness Center occasionally comes out to the Richmond. Queer youth services need to be localized in the community. His center is in the Tenderloin, and many API queer youth live in the Richmond and Sunset. The city needs localized queer youth services. Secondly, there is a need for culturally competent information for Asian families.

- Jason Kwong, API Wellness Center, lives in the Richmond district and asked for additional queer youth services in the Richmond. He told the story of his friend who recently came out to his parents. He really needs resources to help him with this process. Commissioner Tarver said it is critical that people coming out have needed resources. He appreciates that youth are willing to speak about these issues. Sai-Ling Chan-Sew, DPH Community Behavioral Health Services, said that DPH used to fund RAMS to run a drop in program at Washington High School for queer youth. She will look into the feasibility of reinstituting this program. Commissioner Guy said the schools are a natural connection. Milo Santos, the Health Commission's Youth Health Advisor, will work with staff and report through the PHP JCC.

- Carolyn Kozen, services coordinator for Asian Youth Prevention Services program at JCYC, talked about behavioral health findings specific to API youth. There is a misperception of Asian's behavioral health needs because of the model minority stereotype. 71% of youth surveyed reported feeling depressed or suicidal. They would like to work with schools to provide culturally competent mental health services at the schools. They would also like disaggregated data collected for the Asian population. And the community needs more substance abuse services. She submitted a copy of the report recommendations, which are on file in the Health Commission office. Commissioner Chow said the Health Department has programs and contractors that provide the kinds of services we need, and we need to get these services together.

- Rod Magbual, Japanese Community Youth Center (JCYC), said that aggregating Asian data could mask ethnic-specific problems. It is great that the Commission comes out to the neighborhood level. There is a tremendous need, and communities should get together. He is a health educator at Presidio Middle School. Asian youth are misperceived as a model minority, but they have needs and their families have needs. The perceptions need to be deconstructed. Ms. Chan-Sew said that in response to the March 2004 survey, called the SAAY Report, DPH began a small contract with JCYC to look at how to further the SAAY report recommendations, particularly around depression. Commissioner Sanchez said that funds have been allocated for school-based services at the School District level and we should reinitiate the discussion with the district about school-based services. Commissioner Illig suggested that the Health Commission send a letter to the Youth Commission suggesting that they hold a hearing in the Richmond around these issues. Commissioner Chow asked that the Community Programs and Services Joint Conference Committee get a follow up report from Ms. Chan-Sew about the SAAY report recommendations.

- Benny Wong, Family Services Agency, said they need more services to educate the Chinese community about mental health problems. FSA provides services to the Chinese community, but there is no funding for education. Mr. Wong submitted a copy of a study of San Francisco Chinese immigrant seniors' perception of their illnesses, which is on file in the Health Commission office.

- Kavoos Bassiri, Executive Director of Richmond Areas Multi Services (RAMS), said RAMS was founded in the Richmond District in 1974 because there was no public health clinic in the area. RAMS has 25 programs covering 18 languages. They also have programs throughout the city. The agency has residential programs, vocational programs, children's services, school-based services, outpatient programs, outreach programs and many others. So they are providing a lot of services, but Mr. Bassiri highlighted three areas of need. The first is additional funding to maintain bilingual and trilingual staff. Lack of funding makes it difficult to recruit and maintain staff. The second is to have flexibility in service delivery, because traditional psychotherapy is not going to work all the time with this population. They want to do outreach and want to work in the schools, but funding support is difficult. Third is to support collaborations and partnerships. They have a partnership with Richmond District Neighborhood Center, but this was cut last year. When effective outreach is done, the Asian community is very interested in treatment and services.

- Carol Mu, RAMS, said there is no limit to how many patients are served by one provider. This is unrealistic, since staff and money are limited. She has trouble discharging people to private providers because private providers are unwilling to accept Medi-Cal. The primary care clinics are impacted.

- Judy Lam, Ph.D., director of the Adult Outpatient Services Clinic at RAMS, said the patients she sees need safe housing, employment opportunities and places to go to socialize so that their isolation is minimized. People diagnosed with mental health issues need a place to go socialize. If the Richmond had something like that, patients' health and overall quality of life would improve. When she loses culturally competent providers to DPH or to Kaiser because they are able to pay more, she has an extremely difficult time hiring replacements. She also advocated for smoking education program and domestic violence programs in the Richmond.

- Rose Sneed, Fu Yau Project. The Fu Yau Project is a collaboration between RAMS Children's Department and CCDC. The program provides mental health consultation to child care providers. The program is all over the city, with some of the services in the Richmond. The majority of the children they work with live in low-income households or are homeless. They try to do prevention work with the children in the childcare setting. They work with teachers who are dealing with children who are acting out.

- Christopher Chow, Executive Director of Richmond Village Beacon Center. The Beacon Center is one of eight throughout San Francisco. It is a unique partnership with DPH, DCYF, the School District and others. They have a variety of programs at Washington High School with various communities, including African Americans, Latinos, queer youth, etc. One of the things he finds in the Richmond is that is it so big that people feel isolated. Washington High School has 2,400 students. Richmond Beacon has access to students and parents that others do not have. On the other hand, people come to his program with the school district issues. The Richmond District has many high need children, youth and families. 45% of Richmond District residents speak a primary language other than English. There is a need for more linguistic capacity in health services delivery. He submitted a copy of his testimony, which is on file with the Health Commission office.

- Winnie Xie, a resident of the Richmond, said parents she talks to notice several issues that she wants to bring to the Health Commission's attention. First is more coordination between the schools, the Health Department and Recreation and Park. Second, lots of kids have depression and we need to talk about how to best treat these problems.

- Commissioner Monfredini thanked everyone for speaking and educating the Commission about the needs and service gaps. She suggested that the Health Commission digest this information and bring specific issues back though the Joint Conference Committees.

- Commissioner Illig said a lot of what he heard today was about the need for coordination between services that already exist. He also wants the Health Commission to get an update on the impact of the administrative cuts in Primary Care. He also wants to provide bilingual pay premiums for contractor staff.

7) PUBLIC COMMENT/OTHER BUSINESS

None.

8) ADJOURNMENT

The meeting was adjourned at 6:40 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be reflected in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

Lee Ann Monfredini
President

Roma P. Guy, M.S.W
Vice President

Edward A. Chow, M.D.
Commissioner

James M. Illig
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

Donald E. Tarver, II, M.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.sfdph.org

AGENDA

HEALTH COMMISSION MEETING

Tuesday, October 18, 2005
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

DOCUMENTS DEPT.
OCT 17 2005
SAN FRANCISCO
PUBLIC LIBRARY
10-17-05A11:35 RCVD

8/05

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. AT 101 GROVE.

THE HEALTH COMMISSION WILL ACT ON THOSE CONSENT CALENDAR ITEMS THAT HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF OCTOBER 4, 2005**
**Minutes of the meeting of October 4, 2005*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner James M. Illig)

(3.1) **PHP-Housing and Urban Health** – Request for approval of a contract renewal with Episcopal Community Services, in the amount of $507,863, which includes a 12% contingency, to provide supportive housing services at the Folsom-Dore Apartments, targeting homeless adults, for the period of September 30, 2005 through June 30, 2007.
** Contract summary, Client demographic information form*

(3.2) **PHP-Housing and Urban Health** – Request for approval of a contract renewal with Catholic Charities CYO, in the amount of $74,779, which includes a 12% contingency, to provide case management services targeting homeless or marginally housed families living with HIV/AIDS with dependent children and a concurrent substance abuse and/or mental health diagnosis, for the period of July 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report summary and Response letter, Client demographic information form*

(3.3) **PHP-Housing and Urban Health** – Request for approval of a new sole source contract with Plaza Apartment Associates, L.P., in the amount of $379,617, which includes a 12% contingency, to provide studio apartments at the Plaza Apartments, targeting homeless adults, for the period of November 1, 2005 through June 30, 2006. Additionally, this contract includes eight annual renewal options valued at an average annual amount of $702,337, for a total nine-year contract of $5,998,314, which includes a12% contingency, and an end date of June 30, 2014.
** Contract summary*

(3.4) **CHPP-Health Promotion** – Request for approval of a contract modification with San Francisco Study Center, Inc., to extend the funding period to June 30, 2007 and increase the contract in the amount of $1,817,025, to provide additional fiscal sponsor services for the Tobacco Free Project Community Capacity Building Training Center, for a total contract value of $2,729,371, for the period of July 1, 2005 through June 30, 2007.
** Contract summary, Monitoring report summary, Client demographic information forms*

(3.5) **CHPP-Community Health Education Section** – Request for approval of a retroactive contract renewal with Youth Leadership Institute, in the amount of $121,318 for two years, to provide technical assistance and training services for the YouthPower Project to support the youth-driven Community Action Teams to reduce substance abuse in their community, for the period of October 1, 2005 through September 30, 2007.
** Contract summary, Monitoring report summary, List of YLI Board of Directors, Client demographic information form*

(3.6) **CHPP-Refugee Health** – Request for approval of a retroactive contract renewal with the International Institute of San Francisco (IISF) in the amount of $251,783 to provide preventive health services, including outreach, medical interpretation, health education and referrals to documented refugees immigrants for the period of October 1, 2005 through September 30, 2006.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.7) **CBHS** – Request for approval of a retroactive modification to the contract with Resource Development Associates, in the amount of $172,907, for a total contract amount of $408,422, to provide consulting services to develop the Mental Health Services Act (Proposition 63) plan, for the period of February 8, 2005 through September 30, 2005.
** Contract summary*

(3.8) **CBHS** – Request for retroactive approval of a contract renewal with Positive Resource Center, in the amount of $420,000 per year, for a total contract value of $1,680,000, to provide advocacy and training services for disabled, uninsured clients, for the period of July 1, 2005 through June 30, 2009.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.9) **AIDS Office-HIV Health Services** – Request for approval of a retroactive contract renewal with Mission Neighborhood Health Center, in the amount of $92,027, to provide case management, treatment advocacy and nutrition counseling services targeting HIV positive Latinos, for the period of July 1, 2005 through February 28, 2006.
Contract summary, Monitoring report summary, Client demographic information form

(3.10) **CHN-SFGH & LHH** – Request for approval of two contract modifications with On-Call Therapists, Inc. and Preferred Healthcare Registry, Inc., to increase the shared contract amount by $164,900, from $232,075 to $396,975, to provide intermittent, as-needed rehabilitation therapy personnel services (Physical, Occupational and Speech Therapists) for San Francisco General Hospital and Laguna Honda Hospital, for the period of February 1, 2005 through January 31, 2007.
** Contract summary, Rate page*

(3.11) **CHN-Education & Training** – Request for approval of a retroactive contract renewal with HealthStream, Inc., in the amount of $496,250, for healthcare training courseware for employees and partners of the Community Health Network, for the period of September 1, 2005 through August 31, 2009.
** Contract summary, Monitoring report*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **FOR DISCUSSION:** **UPDATE ON CONTRACT MONITORING RECOMMENDATIONS FROM THE NON-PROFIT CONTRACTING TASK FORCE**
(Anne Okubo, Deputy Director of Finance, Greg Kats, Controller's Office and Nancy Rubin and Sandy Mori, Non-Profit Contracting Task Force)
**Report*

6) **FOR DISCUSSION AND ACTION:** **BLUE RIBBON COMMITTEE ON SAN FRANCISCO GENERAL HOSPITAL'S FUTURE LOCATION REPORT AND CONSIDERATION OF A RESOLUTION ACCEPTING THE REPORT**
(Mitchell H. Katz, M.D., Director of Health and Sandra Hernandez, M.D., Chief Executive Officer, San Francisco Foundation)
**Report and Resolution*

TIME SPECIFIC: 4:00 P.M.

7) **FOR DISCUSSION AND ACTION:** **MENTAL HEALTH SERVICES ACT THREE-YEAR PLAN AND CONSIDERATION OF A RESOLUTION APPROVING THE PLAN**
(Barbara Garcia, Deputy Director of Health, Director, Community Programs)
**Report and Resolution*

TIME SPECIFIC: 4:45 P.M.

8) PUBLIC COMMENT/OTHER BUSINESS**

9) CLOSED SESSION

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session

C) Closed session pursuant to Government Code Section 54957 and San Francisco Administrative Code Section 67.10(b)

PUBLIC EMPLOYEES PERFORMANCE EVALUATION:

EXECUTIVE SECRETARY TO THE HEALTH COMMISSION, MICHELE M. SEATON

D) Reconvene in Open Session

1) Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2) Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(a).) (Action Item)

10) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of

Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Adele Destro by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Ms. Destro or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm

Lee Ann Monfredini
President

Roma P. Guy, M.S.W
Vice President

Edward A. Chow, M.D.
Commissioner

James M. Illig
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

Donald E. Tarver, II, M.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.sfdph.org

MINUTES

HEALTH COMMISSION MEETING

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Tuesday, October 18, 2005
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

/05

1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:10 p.m.

Present:
Commissioner Lee Ann Monfredini, President
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Edward A. Chow, M.D.
Commissioner James M. Illig
Commissioner Donald E. Tarver, II, M.D.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF OCTOBER 4, 2005

Action Taken: The Commission approved the minutes of the October 4, 2005 Heath Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Illig chaired and Commissioner Chow and Commissioner Sanchez attended the Budget Committee meeting.

(3.1) **PHP-Housing and Urban Health** – Request for approval of a contract renewal with Episcopal Community Services, in the amount of $507,863, which includes a 12% contingency, to provide supportive housing services at the Folsom-Dore Apartments, targeting homeless adults, for the period of September 30, 2005 through June 30, 2007.

(3.2) **PHP-Housing and Urban Health** – Request for approval of a contract renewal with Catholic Charities CYO, in the amount of $74,779, which includes a 12% contingency, to provide case management services targeting homeless or marginally housed families living with HIV/AIDS with dependent children and a concurrent substance abuse and/or mental health diagnosis, for the period of July 1, 2005 through June 30, 2006.

(3.3) **PHP-Housing and Urban Health** – Request for approval of a new sole source contract with Plaza Apartment Associates, L.P., in the amount of $379,617, which includes a 12% contingency, to provide studio apartments at the Plaza Apartments, targeting homeless adults, for the period of November 1, 2005 through June 30, 2006. Additionally, this contract includes eight annual renewal options valued at an average annual amount of $702,337, for a total nine-year contract of $5,998,314, which includes a12% contingency, and an end date of June 30, 2014.

Commissioners' Comments

- Commissioner Sanchez asked why this is a nine year contract. Erin Carlson from the Redevelopment Agency said the tax credit guidelines require the building to be maintained as a non-profit development for 15 years. The building owner wants to be sure that the partnership is for a long time, so that he is not penalized for violating the terms of the tax credit.

- Commissioner Illig asked who owns the building after the tax credit expires. Ms. Antonetty said the tax credit is set up so that after the 15 years, the building ownership reverts to the non-profit partner. Commissioner Illig confirmed that the DPH subsidy plus rent paid by tenants covers the operating costs. Ms. Antonetty said yes.

- Commissioner Chow asked if there is an occupancy limit per unit. Ms. Antonetty said they have developed criteria around this that largely mimics the Redevelopment Agency's criteria. For example, a unit can house up to two adults and one child under a certain age, or one adult and an older child, or two adults. Given the fact that most of the tenants will come from the DPH system, many will be single adults.

- Commissioner Illig said many more of these projects are needed. This is permanent housing. Ms. Antonetty said that this is a unique opportunity because the building is brand new. There are other exciting developments in the works as well.

(3.4) **CHPP-Health Promotion** – Request for approval of a contract modification with San Francisco Study Center, Inc., to extend the funding period to June 30, 2007 and increase the contract in the amount of $1,817,025, to provide additional fiscal sponsor services for the Tobacco Free Project Community Capacity Building Training Center, for a total contract value of $2,729,371, for the period of July 1, 2005 through June 30, 2007.

Commissioners' Comments

- Commissioner Illig said the Commission is very concerned about outcomes, particularly the quit rates. He thanked Ms. Hrushow for providing this data. Some people think that cessation programs do not work, but the data shows otherwise.

- Commissioner Chow said these projects clearly make sense, and the fiscal intermediary has assisted in making these initiatives successful. Commissioner Chow and Commissioner Illig reiterated that when the Commission considers a fiscal intermediary contract, staff needs to provide information and outcomes on the program that the intermediary is administering.

(3.5) **CHPP-Community Health Education Section** – Request for approval of a retroactive contract renewal with Youth Leadership Institute, in the amount of $121,318 for two years, to provide technical assistance and training services for the YouthPower Project to support the youth-driven Community Action Teams to reduce substance abuse in their community, for the period of October 1, 2005 through September 30, 2007.

Commissioners' Comments

- Commissioner Illig asked what the community action teams do. Ms. Ana Validzic said the teams are made up of high school and middle school students, and they do a variety of things. For example, last year a group of students went to liquor stores and were successful in getting owners to remove liquor posters and put up other, youth-created posters. The participants receive a youth stipend.

- Commissioner Sanchez said the School District has a peer mentoring program. He encouraged Ms. Validzic to contact the district to see that are efforts are consistent and complementary.

- Commissioner Chow said that client satisfaction applies to this contract, even though the contract summary indicates that it does not. It is very important that the Commission and the public know that the participants think highly of the program.

- Commissioner Illig noted that none of the YLI boardmembers live in San Francisco, and there are no African Americans on the board. He is particularly concerned about the latter, given that one of the target neighborhoods is Bayview Hunters Point. He asked the agency representative to convey this to the Board of Directors.

(3.6) **CHPP-Refugee Health** – Request for approval of a retroactive contract renewal with the International Institute of San Francisco (IISF) in the amount of $251,783 to provide preventive health services, including outreach, medical interpretation, health education and referrals to documented refugees immigrants for the period of October 1, 2005 through September 30, 2006.

(3.7) **CBHS** – Request for approval of a retroactive modification to the contract with Resource Development Associates, in the amount of $172,907, for a total contract amount of $408,422, to provide consulting services to develop the Mental Health Services Act (Proposition 63) plan, for the period of February 8, 2005 through September 30, 2005.

> Secretary's note – the contract term is through January 31, 2006, not September 30, 2005 as noted in the contract summary documents.

(3.8) **CBHS** – Request for retroactive approval of a contract renewal with Positive Resource Center, in the amount of $420,000 per year, for a total contract value of $1,680,000, to provide advocacy and training services for disabled, uninsured clients, for the period of July 1, 2005 through June 30, 2009.

(3.9) **AIDS Office-HIV Health Services** – Request for approval of a retroactive contract renewal with Mission Neighborhood Health Center, in the amount of $92,027, to provide case management, treatment advocacy and nutrition counseling services targeting HIV positive Latinos, for the period of July 1, 2005 through February 28, 2006.

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Commissioners' Comments

- Commissioner Chow asked if the completion of the mandatory training is reflected in employee evaluations. Riley Surber from San Francisco General Hospital replied that completion of training is tied to annual performance reviews.

Action Taken: The Commission approved the Budget Committee Consent Calendar.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

FAST TRACK Emergency Exercise

Last Wednesday, October 12, the Department participated with other City agencies in a terrorist exercise called "FAST TRACK." The exercise was designed and planned by the Homeland Security Units of various departments to test the City's response to multiple violent incidents occurring within a short time period. The City's EOC (Emergency Operations Center) the DPH DOC (Department Operations Center) and SFGH Emergency Center were activated and staff were informed of what was happening in the City. Anne Kronenberg worked closely with the Mayor's office at the EOC in helping to coordinate the Department's role and response.

The event allowed DPH to test a number of scenarios including large group injuries and mortalities and communication models between agencies and within our own Department. DHP also had to address the matter of Surge Capacity and the need for Mutual Aid, including how to move large groups of patients to regional partner counties. We continue to learn from these exercises and expand our responses accordingly.

Infectious Disease Emergencies

The "Infectious Disease Emergencies: A Preparedness and Response Guide for San Francisco Clinicians" is a tool designed to help with San Francisco's communicable disease control efforts. The Sentinel Event Enhanced Passive Surveillance (SEEPS) project developed and published the Guide to help clinicians prepare for, recognize and respond to infectious disease emergencies. The Guide describes the roles and responsibilities of the SFDPH and clinicians during infectious disease emergencies, outlines which diseases and conditions clinicians should recognize and report, provides detailed clinical and infection control information on priority diseases including bioterrorism related diseases, and provides guidance for getting prepared for general disasters and infectious disease emergencies. The guide also contains forms, regulations, and contact numbers.

The infectious disease chapters include Anthrax, Avian Influenza, Botulism, Brucellosis, Smallpox, Tularemia, Viral Hemorrhagic Fevers, and Plague. Each chapter includes detailed information on: epidemiology, clinical Features, differential diagnosis, laboratory diagnosis, treatment and prophylaxis, environmental testing, and infection control. Disease chapters will be updated as needed and additional disease chapters will be added in the future.

The Guide is being distributed to 3,000 San Francisco clinicians registered with the health alert notification database. This includes emergency rooms, infection control practitioners, ambulance companies, jails, family practice doctors, nurse practitioners, disaster workers, and others. The guide will also be distributed to police, fire, Office of Emergency Services, and other city agencies as appropriate. The entire guide is available for download on our website: www.sfdph.org/cdcp . Updates and revisions will be posted there as well.

State Medical Cannabis ID Program

In compliance with recent state legislation, the Health Department is initiating a State Medical Marijuana ID card program beginning November 7th . This statewide card will replace the local DPH card program, which has been registering medical cannabis patients since 2000. The new card program will move from 101 Grove to the lobby at San Francisco General Hospital.

In preparation for the change over, Dr. Joshua Bamberger will be hosting a Community Forum to discuss the specifics of the new card program. The meeting is scheduled for October 24th, 6 p.m. in Room 300 here at 101 Grove St. We anticipate a lot of interest among the medical cannabis community as this new program evolves.

Update on San Francisco Medical Cannabis

This afternoon the Board of Supervisors is considering Supervisor Mirkarimi's proposed ordinance to create permanent guidelines for Medical Cannabis dispensaries. An interim zoning moratorium on clubs or dispensaries where marijuana is grown, purchased or distributed with a medical recommendation has been in effect since April 1st.

The ordinance being considered today would require that medical cannabis dispensaries obtain a permit to operate from DPH. DPH would then copy and send applications to the Police Department for criminal background checks on applicants and security inspections, Fire Department for relevant code compliance and the Planning Department for Planning Code compliance. After these departments have completed their review and returned the applications to DPH, a hearing would be required within 45 days to determine whether the permit application complies with City policy. Applications that meet City standards would be approved at the hearing.

DPH would also be responsible for issuing regulations governing the permitting and operation of dispensaries, and for inspecting dispensaries at least twice per year, assuring the accuracy of dispensaries' scales, and issuing fines and suspensions for violations.

If passed, the ordinance would give existing dispensaries 18 months to obtain a permit.

The Board will also consider a separate bill today that sets a permit application fee of $6,110 to cover the costs to all City departments of investigating and processing applications and an annual license fee of $3100 to cover the cost of annual inspections, enforcement and other costs to the City.

2005 Public Managerial Excellence Awards

Congratulations to Diana Guevara, Director of Patient Financial Services, on being selected as a recipient of the 2005 Public Managerial Excellence Award. MFAC (the Municipal Fiscal Advisory Committee to the Mayor), the San Francisco Chamber of Commerce, and SPUR will honor Diana and six other honorees at the 25th anniversary MFAC Awards Luncheon on Wednesday, December 7th. The awards provide an opportunity to salute leadership, innovative spirit, achievements and success to outstanding city managers.

Flu Season Kicks Off

The Department kicked off flu on October 5th with a media event at the Adult Immunization Clinic here at 101 Grove St. DPH encouraged seniors and those at risk to get flu shots early and reminded the public about the simple prevention techniques all of us can employ to stay healthy such as hand washing and covering coughs and sneezes. The CDC is recommending that those most vulnerable to the flu get immunized by October 24th when the vaccine will be made available to the general public. At this point, we are unsure how today's Chiron announcement about their flu vaccine shortage will affect local supplies. Dr. Katz will keep the Commissioners informed as we move into flu season and the demand for vaccine increases.

Sharps Containers at 101 Grove St.

Dr. Katz recently directed the facilities manger of 101 Grove St. to install safe sharps containers in all restrooms here at 101 Grove St. The installation of these containers makes it convenient for anyone visiting or working here to dispose of needles safely and conveniently. Dr. Katz reported that these boxes are being used and are very much appreciated by those who must give themselves injections. In keeping with this Commission's policy of harm reduction, he will encourage other facilities to install sharps boxes for safe needle disposal in restrooms as well.

Acting Program Manager for LHH Rebuild

Dr. Katz reported that the Department of Public Works has appointed Don Condon as Acting Program Manager during the transition period for the Laguna Honda Hospital Replacement Program. Don replaces Michael Lane who left earlier this month to accept a position with Kaiser Permanente in the East Bay.

Two New HIV Health Services Grants

Last week HIV Health Services received notification of two new grants. The first is a CARE Title III Capacity Development grant to develop an *In-Depth Needs Assessment and Clinical Best Practices Development for HIV Positive Transgender Individuals.* This grant funds a year-long development process that will result in the creation and implementation of the nation's first definitive set of clinical best practice guidelines specifically developed for the care of HIV-positive transgender populations. The program also includes a training component for providers in the best practices model.

The other grant is from the Office of Minority Health, Community of Color Community-based Organization Capacity Building Project to implement an innovative project designed to enhance, strengthen and expand the skills, capacity and self-sustainability of people of color-based HIV/AIDS care and prevention organizations in the San Francisco-EMA. This three-year long project focused on basic infrastructure issues includes a user-friendly training model that incorporates organizational staff at all levels, broad-based, individualized technical assistance, and the development of a national training model.

Commissioners' Comments

- Commissioner Monfredini welcomed Dr. Katz back from Vietnam.
- Commissioner Umekubo commended staff for creating the Sentinel Event Enhanced Passive Surveillance (SEEPS) guide.
- Commissioner Tarver asked if there would be other disaster trainings. Dr. Katz said there would be others, and the current goal is one citywide exercise per month. Dr. Katz will receive debriefing reports after each event. Commissioner Tarver would like the Health Commission to hear some of the findings. Commissioner Tarver asked if DPH contractors are provided with sharps disposal kits or removal resources. Dr. Katz said he believes that any individual could go to a Walgreen's and ask for a DPH sharps bucket, and return the bucket when they are done. He will see if this is the case for non-profit agencies as well. Also, a person could call a disposal hotline for assistance with removal. With the needle exchange program, DPH funds the removal of the dirty needles.
- Commissioner Sanchez said there have been so many disasters over the past few years. Disaster preparedness drills are critical. He noted that Judy and Richard Guggenhime wrote an editorial in the San Francisco Chronicle regarding the importance of air medical access in San Francisco. This resource is critical to San Francisco.
- Commissioner Guy would like the Population Health and Prevention Joint Conference Committee to monitor the State cannabis card program. She asked if the move to a State card is an improvement. Dr. Katz said the greatest improvement is that the card is valid throughout California. The downside is that the State has created a system that requires that part of the documentation be the physician's letter. In addition, the name of the client will be included in the record. DPH currently does not keep patient's names.

5) UPDATE ON CONTRACT MONITORING RECOMMENDATIONS FROM THE NON-PROFIT CONTRACTING TASK FORCE

Anne Okubo, Deputy Director of Finance, gave update on the Health Department's implementation of the Non-Profit Contracting Task Force recommendations. The Board of Supervisors created the task force in 2003. The task force was charged with reviewing city contracting policies and procedures and making recommendations to improve and streamline contracting processes. DPH is implementing the recommendations in two phases. Phase one focused on standardization. Standardized templates for the scope of work, budget and invoices were developed. Efforts to streamline contracts resulted in the contingency contract model, which was approved by the Health Commission and piloted in CBHS last year. The pilot proved to be successful and now the contingency contract model is used DPH-wide. The Contracts On-Line (COOL) system was developed as part of Phase one. COOL serves as a repository of contract documents that is accessible to both contractors and DPH. Recently DPH offered COOL to the Office of Contract Administration to implement the Task Force recommendation to increase automation and reduce redundancy.

Phase two of the implementation is focused on joint monitoring of contracts, training of department staff and in the future, tiered assessment of contracts. The recommendation to facilitate electronic processing of contract payments will occur in Phase two. DPH initiatives have dovetailed with the task force recommendations. For example, the integration of CBHS has led to consolidated mental health and substance abuse contracts.

Gregg Kats, Controller's Office, updated the Commission on the work that has been done to implement the Task Force's recommendations around streamlining the contract monitoring process, as well as the Controller's Office's broader efforts to support the City's non-profit community. The goal is to ensure the fiscal integrity of the City's system of health and human services provided by nonprofit contractors, and there are three key components:

- Streamline and standardize citywide nonprofit contract monitoring procedures and policies
- Ensure the finance-related preparedness of nonprofits through training and auditing
- Increase the efficiency of the contracting process, and strengthen the City's ongoing partnerships with the nonprofit community

Mr. Kats described the work that has been done around contract monitoring and streamlining, including upgrading systems, improving access to frequently-requested information, developing standardized fiscal and compliance monitoring procedures and establishing criteria and creating process for tiered assessment of contractors, among others. Next steps include training for nonprofit contractors and DPH staff on new policies and procedures for standard monitoring, reporting to the Board of Supervisor's Government Audit & Oversight Committee, monthly interdepartmental working group meeting to share monitoring results and coordinate follow-up and ongoing collaboration with the Non-Profit Contracting Task Force.

Debbi Lerman and Sandy Mori, representatives of the Non Profit Contracting Task Force, presented the Task Force's perspective on the implementation of the recommendations. Ms. Lerman said the process began four years ago to address contractor frustration with the contracting process. The Task Force had equal representation from contractors and city staff. The Task Force meetings helped develop a mutual understanding of the problems and developed recommendations. The institution of the Review/Appellate Panel in January 2005 has helped to move the recommendations forward. Ms. Mori said the non-profit sector feels strongly about these recommendations and views this effort as a real partnership with the city. Ms. Mori acknowledged Ms. Okubo's involvement in the Task Force as the DPH representative. Her knowledge and expertise has been extremely helpful. Ms. Mori said that training—of city staff and non-profit staff—is critical to success. While they appreciate the COOL system, it has some limitations and should be made available to all city departments. The non-profit representatives plan to request that the Board of Supervisors have quarterly reports, rather than reports every six months.

Commissioners' Comments

- Commissioner Illig was a member of the Task Force. The Task Force spent many hours making sure that departments, supervisors and the Mayor were educated in the problems non-profits experience in dealing with the city. The Health Commission needs to pay attention to the implementation of the recommendations, and should also be receiving regular reports. One recommendation that the Budget Committee is going to track is the recommendation that all contracts are certified before the start date. The DPH initiatives for 12% contingency and 18-month contracts will help meet this goal. He wants to make sure that all DPH divisions comply with these recommendations so that services can continue and providers can be paid. He emphasized that the Health Commission and the Budget Committee is focused on outcomes. City departments need to improve coordination by standardizing forms, monitoring and other things.

- Commissioner Tarver asked if any of these recommendations are going to be applied to the civil service side of the Department. Commissioner Illig said that the Budget Committee is going to focus on outcomes of City programs as well. Commissioner Tarver asked if this process would allow the Department to better monitor the expenditure of grant funds, to ensure that money is spent the way it is supposed to be. Ms. Okubo said that State and Federal grants are part of the audit function, and through this process they know whether money is spent the way it was supposed to be spent. Commissioner Tarver asked if outcomes are going to be standardized. Ms. Okubo said the standardizing program monitoring is by far the most difficult and is still a work in progress. The Controller has been working very closely with DPH to standardize program monitoring, and they are close to developing a format that will focus heavily on qualitative outcomes. Commissioner Tarver looks forward to updates on this effort.

- Commissioner Sanchez said that this truly is a change in culture. Many non-profits have contracts with other entities, for example philanthropic organizations or state and federal governments, each with different requirements. In addition, non-profits receive different levels of technical assistance. So this is a challenge.

- Commissioner Chow was impressed with the June 2003 Task Force report. The recommendations provide a light at the end of the tunnel. He said the tiered assessment of contractors should acknowledged size and volume differences among agencies. The outcomes and client feedback are critical elements of program review done not only by the Budget Committee but also by the joint conference committees.

- Commissioner Guy appreciates the leadership around this issue, including Ms. Okubo, Mr. Sass and Commissioner Illig. Over the next three months she wants to understand how the Health Commission can support this transformation. She is interested in what training works and what does not. Commissioner Guy looks forward to the Budget Committee's leadership on this, particularly in helping frame the issues the joint conference committees should focus on.

- Commissioner Illig asked that every time this issue gets reported to the Board of Supervisors, there is a report to the Health Commission on the Health Department's progress.

6) BLUE RIBBON COMMITTEE ON SAN FRANCISCO GENERAL HOSPITAL'S FUTURE LOCATION REPORT AND CONSIDERATION OF A RESOLUTION ACCEPTING THE REPORT

Gene O'Connell presented the report from the Blue Ribbon Committee on San Francisco General Hospital's Future Location (SFGHBRC). Mayor Newsom created the SFGHBRC in May 2005 and charged it with making a recommendation on where SFGH should be rebuilt—on the existing Potrero Hill campus or at Mission Bay, collocating with UCSF. The committee was chaired by Dr. Sandra Hernandez and co-chaired by Dr. Mitch Katz. It met from June to September 2005.

The criteria that was used to assess the locations were:

- Access and Service Issues: this criteria examines the impact of each location with respect to access to services (ambulatory, inpatient, specialty and emergency), care coordination and quality of care.
- Cost and Financing Issues: this criteria examines the impact of each location with respect to the costs (land acquisition, construction and operating) and financial mechanisms.
- Program Issues: this criteria examines the impact of each location with respect to faculty retention and recruitment, research facility needs and future space planning needs of each hospital.
- Neighborhood and Staff Issues: this criteria examines the impact of each location with respect to potential disruption arising for construction of a new hospital.

The SFGHBRC's consensus recommendation is that San Francisco General Hospital be rebuilt on the existing Potrero Hill campus. This recommendation is based on better access to services at Potrero, more coordinated access to service at the Potrero campus, the higher costs of building at Mission Bay and space limitation at Mission Bay. The SFGHBRC also made recommendations on future planning, including ascertaining whether a general obligation bond could be approved, identifying additional mechanisms for financing the hospital replacement and forming a planning and/or campaign committee in the immediate future.

Issue for mitigation with a Potrero Location

- Reduce disruption from construction
- Medical helipad
- UCSF/SFGH Relationship, including UC's acknowledgement that they are responsible for research and that it is their responsibility to develop a research facility at San Francisco General Hospital.

Dr. Katz said that this was a very useful planning effort because it addresses the question about why the two hospitals do not collocate. This group of experts studied this question and the recommendation is to rebuild at Potrero, not to collocate. The report fully explains the rationale for this recommendation. So in terms of the rebuild, decisions have been made on the size, the scope and now the location. The next major decision has to do with where on the Potrero Campus. Staff has looked at a number of possibilities. Building on the north side of the campus is viable, but it would impact UC's ability to rebuild the research facility. The west lawn site is also viable for discussion. There is a previously approved contract to develop architectural drawings for a west lawn building. In addition, there will need to be a broad-based citizen's committee to help educate San Franciscans about this project.

Commissioners' Comments

- Commissioner Chow was a member of the Blue Ribbon Committee. It was an extraordinary process of bringing together a broad group of people to discuss this issue. No one on the committee felt stifled. The university was very frank about its needs, and people greatly appreciated this. With the frank discussion, the impartial members of the committee—and those who were wondering why the two institutions could not collocate—began to understand what was happening. Commissioner Chow is 100 percent behind the recommendation that came out of this process. Mission Bay is clearly not an option. We need to move forward, and we need to look at other potential funding sources.

- Commissioner Illig asked if retrofit was considered, rather than a rebuild. Dr. Katz said SFGH, while built to the seismic safety standards of the time, does not have any steel in it. The lack of steel makes it impossible to retrofit. This alternative was reviewed. Commissioner Chow added that these questions were asked and addressed at the Blue Ribbon Committee as well. Commissioner Illig asked how we arrived at 267 beds. Dr. Katz said that this number resulted from three methodologies: an internal assessment, and external assessment, and average daily census. It is based on the size we are currently running. Commissioner Illig said he lives in the neighborhood and would be happy to speak in support of a helipad at community meetings.

- Commissioner Guy noted that three commissioners live in the neighborhood. She applauded the committee for its work. She supports the point around exploring other sources of income in addition to a general obligation bond. She highlighted the point that UC acknowledged its partnership with SFGH, not only through the affiliation agreement, but also in research. The research component needs space, and this must be incorporated into the design.

- Commissioner Tarver commends the SFGHBRC on this report, and adds his support for the helipad. It makes him nervous that the city does not have air medical access. He said he would have been more vociferous if the decision had been made to separate acute psychiatric beds from the rest of the acute care hospital. It is critical that these services remain connected. He asked if there is a possibility that the psychiatric inpatient unit be incorporated into the new structure. Dr. Katz gave some background about why the State decided to exclude psychiatric beds from SB 1953. DPH had decided not to rebuild these beds. In terms of redesign, adding beds is a question of money. So the decision was made based on making the rebuild as affordable as possible. In both design scenarios, there will be some sort of bridge to the existing hospital. Ms. O'Connell said that they would continue having acute psych/med unit in the new hospital. PES will be part of the new building. Commissioner Tarver encouraged rethinking, even at a greater cost, of integrating hospital psychiatric services. Commissioner Tarver is concerned about specifying the number of beds in this resolution, given that there is still planning to be done. He recommended removing this from the resolution, as well as the statement about psychiatry wards staying at their current locations.

- Commissioner Monfredini asked Dr. Katz to incorporate Commissioner Tarver's concerns into next steps.

- Commissioner Umekubo said the primary concern the medical staff brought to his attention was that the main reason they wanted to move to Mission Bay was the availability of and access to research space. Now that we have UC's commitment to build research space on the Potrero site, he would like this to be monitored to see that comes to fruition.

Action Taken: The Health Commission amended the resolution to remove the fourth whereas clause.

Action Taken: The Health Commission approved Resolution 15-05, "Accepting the Mayor's Blue Ribbon Committee on San Francisco General Hospital's Future Location's Recommendation to Rebuild SFGH at its Current Potrero Avenue Campus," (Attachment A), as amended.

7) MENTAL HEALTH SERVICES ACT THREE-YEAR PLAN AND CONSIDERATION OF A RESOLUTION APPROVING THE PLAN

Barbara Garcia, Deputy Director of Health, Director, Community Programs, presented an overview of the Mental Health Services Act three-year plan.

MHSA Goals

- To define serious mental illness as a condition deserving priority attention
- To provide prevention and early intervention services and medical and supportive care
- To reduce long term adverse impact of untreated serious mental illness
- To provide consumer-driven, family-focused services
- To expand successful, innovative service programs

The planning process was spearheaded by the Behavioral Health Innovations Task Force, which was comprised of 42 members appointed by the Mayor and met seven times in neighborhoods throughout San Francisco. There were 11 population-based subcommittees, each of which met six times to address five topics.

Overview of the Draft Plan

- $5.3 million allocated for Community Services and Supports (CCS)
- Approximately $5 million for capital facilities, education and training, early innovation/prevention and innovative programs.
- 51 percent of CCS funds ($2.3 million) must be used for Full Service Partnerships. (122-153 individuals and families will be part of the initial FSP population.)
- 49 percent of CCS funds ($2.2 million) available for use in system develop and outreach and engagement activities.
- 15 percent of CCS funds ($795,000) allocated to administrative expenses.

System Development Activities Prioritized by Task Force

- *Children, Youth and Families* – funding for community-based violence and trauma recovery services, integrating psychiatric services within pediatric settings, increasing capacity to serve LGBT, API, Indigenous, Latino and African American children, youth and families, and school-based services.

- *Transitional Age Youth* – funding to integrate behavioral health services within primary care settings, for supportive services, for outreach and engagement services, youth run and youth developed services.

- *Adults* – funding for supportive services for housing, vocational rehabilitation, support for peer-run center and residential treatment.

- *Older Adults* – funding to support a senior recovery center, supportive services for housing, and mental health services in primary care settings.

Public Comment

- Belinda Lyon, Executive Director of the Mental Health Association, said the Mental Health Services Act is about more than additional money. It is about a true transformation of the system that is client-centered and recovery-oriented. She thanked DPH, particularly Barbara Garcia, for bringing such an extensive group of people into the planning process. The Mental Health Association will submit extensive comments to the Mental Health Board, but she wants to bring a few issues to the Health Commission's attention. First, the language of the executive summary needs to be restated in the plan. Second, they need to make a plan for what they would do with additional money.

Commissioners' Comments

- Commissioner Monfredini thanked Ms. Garcia for her leadership on this issue.

- Commissioner Illig asked if the $5.3 million allocation is per year, or over three years. Ms. Garcia said it is per year, for three years. Commissioner Illig asked why the executive summary was not included in the plan. Ms. Garcia said the document is a grant application to the State, so they did not include the statement about underfunding need. However, San Francisco continues to work with the State on this issue. Commissioner Illig asked if all the funding would be put out to bid. Ms. Garcia said that DPH made a commitment to the group that the dollars would not be allocated automatically to DPH. So 75-80 percent of the dollars would be put out to bid, and the Health Department would compete through the bid process. Commissioner Illig was impressed with the plan's consumer involvement, focus outcomes and inclusion of vocational rehabilitation.

- Commissioner Tarver is very impressed with the report and the extensive planning process that took place. He is sure that participants left the meetings feeling enlightened and encouraged. This report reflects San Francisco's unique system of care that is culturally competent. This does not exist in other systems. He appreciates the focus on the impacts of violence and trauma. Vocational rehabilitation is an important component of treatment.

- Commissioner Chow commended the public, consumer-oriented process. He is somewhat concerned that the Asian American population is often silent in these processes, and he is concerned that they are not highlighted in this plan. Within a consumer-driven process, this is particularly exacerbated. He would like the Department to examine how to best serve the unique mental health needs of this population. DPH has excellent services, but there is additional need. He supports moving forward with this plan, but wants to be more proactive in surfacing the needs that come from the community. Ms. Garcia said that through the RFP process they would look at underserved communities, including the Asian community. This was very acknowledged within the task force.

- Commissioner Guy said the process was extensive but also anticipatory in a preventive way. She acknowledges the disappointment about the State allocation. $5 million is not going to fund a transformation. She would like to know how the expenditures, some of which are quite small, are going to be evaluated. Ms. Garcia said that what is before the Commission today is an application to the State for the allocation. But she strongly believes that the Department needs to use the work that was done to develop a plan for San Francisco that is not constrained by funding.

- Commissioner Sanchez applauded staff and community for the work that has been accomplished in a limited timeframe.

Action Taken: The Commission amended the fourth whereas clause of the resolution to read: "Whereas, the community planning process was informed by more than 75 public meetings, targeted outreach to mental health consumers, families of consumers, historically unserved communities, including the Asian Americans, Latinos and Indigenous Population, and underserved communities, usage analyses and evidence based practices and policies;"

Action Taken: The Commission approved Resolution 16-05, "Supporting the City's Application to the State of California to Fund the Community Services and Supports Component of the Mental Health Services Act," as amended (Attachment B).

8) PUBLIC COMMENT/OTHER BUSINESS

None.

9) CLOSED SESSION

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session

Action Taken: The Commission voted to hold a closed session.

The Commission went into closed session 6:15 p.m. Present in closed session were Commissioner Monfredini, Commissioner Guy, Commissioner Chow, Commissioner Illig, Commissioner Sanchez, Commissioner Tarver and Commissioner Umekubo.

C) Closed session pursuant to Government Code Section 54957 and San Francisco Administrative Code Section 67.10(b)

PUBLIC EMPLOYEES PERFORMANCE EVALUATION:

EXECUTIVE SECRETARY TO THE HEALTH COMMISSION, MICHELE M. SEATON

D) Reconvene in Open Session

The Committee reconvened in open session at 7:15 p.m.

1) Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2) Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission voted not to disclose any or all discussions held in closed session.

10) ADJOURNMENT

The meeting was adjourned at 7:15 p.m.

Michele M. Seaton

Michele M. Seaton
Executive Secretary to the Health Commission

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be reflected in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

HEALTH COMMISSION
City and County of San Francisco
Resolution No. 15-05

ACCEPTING THE MAYOR'S BLUE RIBBON COMMITTEE ON SAN FRANCISCO GENERAL HOSPITAL'S FUTURE LOCATION'S RECOMMENDATION TO REBUILD SFGH AT ITS CURRENT POTRERO AVENUE CAMPUS

WHEREAS, Senate Bill 1953 requires all California acute care hospitals to have performed all seismic improvements to existing buildings by the year 2008, and have available a seismically conforming building for acute patient care before the year 2030 or be revoked of their acute care license, and California Senate Bill 1803 allows hospitals to defer seismic improvements to existing hospital buildings by 2008, provided a conforming building is in place by 2013; and,

WHEREAS, San Francisco General Hospital's (SFGH) Main Building currently does not comply with SB 1953 regulations; and,

WHEREAS, the San Francisco Health Commission supports the rebuilding of SFGH by the year 2013; and

WHEREAS, Mayor Gavin Newsom established the Blue Ribbon Committee on San Francisco General Hospital's Future Location (SFGHBRC) to recommend where SFGH should be rebuilt – either of the existing campus in Potrero Hill or at Mission Bay, co-locating with the planned women's, children's and cancer hospitals for UCSF; and

WHEREAS, members of the SFGHBRC reflected a broad base of representatives from health care, education, advocacy, community, business, labor, government, philanthropy and residents; and

WHEREAS, members of the SFGHBRC reviewed and considered access and service issues, cost and financing issues, program issues, and neighborhood and staff issues; and

WHEREAS, members of the SFGHBRC considered and discussed the advantages and disadvantages of the Potrero Hill and Mission Bay locations; and

WHEREAS, it was the consensus of the SFGHBRC that the City and County of San Francisco should rebuild SFGH at its existing Potrero Avenue site in order to meet required State seismic safety regulations for acute care hospitals; and

WHEREAS, it was recommended by the SFGHBRC that the City and County should continue to work with its elected officials (on the local, state and federal levels) to identify additional mechanisms (i.e., above and beyond a General Obligation Bond) for financing the hospital replacement; and

WHEREAS, the Health Commission has reviewed and considered the SFGHBRC final report, now, therefore, be it

RESOLVED, the Health Commission accepts the recommendations of the SFGHBRC to rebuild SFGH at the existing Potrero Avenue site; and be it

FURTHER RESOLVED, that the Health Commission recommends the City and County to identify funding sources beyond a general obligation bond to finance the hospital replacement.

I hereby certify that the San Francisco Health Commission at its meeting of October 18, 2005 adopted the foregoing resolution.

Michele M. Seaton

Michele M. Seaton
Executive Secretary to the Health Commission

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Resolution No: 16-05

SUPPORTING THE CITY'S APPLICATION TO THE STATE OF CALIFORNIA TO FUND THE COMMUNITY SERVICES AND SUPPORTS COMPONENT OF THE MENTAL HEALTH SERVICES ACT

WHEREAS, the Mental Health Services Act (formally Proposition 63) passed by California voters in November 2004 established funding for mental health programs and services throughout the State; and,

WHEREAS, the State of California's Department of Mental Health has given counties an opportunity to apply for funding from the Mental Health Services Act to support local mental health programs and services; and,

WHEREAS, the San Francisco Department of Public Health engaged in an extensive community planning process to determine San Francisco's mental health needs and priorities as required for funding under the Mental Health Services Act; and,

WHEREAS, mental health consumers and family members of consumers were included at all levels of the planning process; and,

WHEREAS, the community planning process was informed by more than 75 public meetings, targeted outreach to mental health consumers, families of consumers, historically unserved communities, including Asian Americans, Latinos and the Indigenous Population, and underserved communities, usage analyses, and evidence based practices and policies; now, therefore, be it,

RESOLVED, that the San Francisco Health Commission approves the City's application to the State of California for funding under the Mental Health Services Act and requests the State's Department of Mental Health to give it due consideration.

I hereby certify that the San Francisco Health Commission at its meeting of October 18, 2005 adopted the foregoing resolution.

Michele M. Seaton

Michele M. Seaton
Executive Secretary to the Health Commission

Attachment B

Lee Ann Monfredini
President

Roma P. Guy, M.S.W
Vice President

Edward A. Chow, M.D.
Commissioner

James M. Illig
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

Donald E. Tarver, II, M.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

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AGENDA

HEALTH COMMISSION MEETING

Tuesday, November 1, 2005
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. AT 101 GROVE. ITEMS PRECEDED BY AN ASTERISK (*) WILL BE CONSIDERED FOR APPROVAL, AND WILL NOT BE DISCUSSED SEPARATELY. ALL OTHER BUDGET COMMITTEE ITEMS WILL BE FOR DISCUSSION AND APPROVAL.

THE HEALTH COMMISSION WILL ACT ON THOSE CONSENT CALENDAR ITEMS THAT HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF OCTOBER 18, 2005**
**Minutes of the meeting of October 18, 2005*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner James M. Illig)

(3.1)* **CBHS – Request for approval of a retroactive renewal contract with ValueOptions, Inc., in the amount of $100,000 per year, for a total contract amount of $336,000, to function as an administrative services organization providing out-of-county mental health placement services to minors, for the period of July 1, 2005 through June 30, 2008.
** Contract summary, Monitoring memo*

(3.2)* **CBHS – Request for approval of a retroactive renewal contract with Boys and Girls Club of San Francisco, in the amount of $50,900, for a total amount of $57,008, which includes a 12% contingency, to provide Early and Periodic Screening, Diagnosis and Treatment mental health services, for the period of July 1, 2005 through June 30, 2006.
** Contract summary, Client demographic information form*

(3.3)* **CBHS – Request for approval of a retroactive renewal contract with Children's Council of San Francisco, in the amount of $174,943, for a total contract amount of $195,936, which includes a 12% contingency, to provide child care consultation services targeting center-based and family child care providers, for the period of July 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.4)* **CBHS – Request for approval of a retroactive renewal contract with Hamilton Family Center, in the amount of $86,375, for a total contract amount of $96,740, which includes a 12% contingency, to provide children's mental health services, for the period of July 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.5)* **CBHS – Request for approval of a retroactive renewal contract with Huckleberry Youth Programs, in the amount of $153,000 for a total contract amount of $171,360, which includes a 12% contingency, to provide Early and Periodic Screening and Diagnosis and Treatment mental health services, for the period of July 1, 2005 through June 30, 2006.
** Contract summary, Client demographic information form*

(3.6)* **CBHS – Request for approval of a retroactive renewal contract with Curry Senior Center, in the amount of $530,966 per year, for a total contract amount of $2,123,865, which includes a 12% contingency, to provide substance abuse treatment and mental health services, for the period of July 1, 2005 through June 30, 2009.
** Contract summary, Monitoring report summaries, Client demographic information form*

(3.7)* **CBHS – Request for approval of a retroactive renewal contract with San Francisco Psychoanalytic Institute and Society, in the amount of $91,978 per year, for a total amount of $367,912, which includes a 12% contingency, to provide high-quality childcare mental health services, for the period of July 1, 2005 through June 30, 2009.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.8)* **PHP-AIDS Office-HIV Health Services – Request for approval of a retroactive contract renewal with Baker Places, Inc., in the amount of $104,679, which includes a 12% contingency, to provide residential detox and substance abuse services targeting poly-substance users or abusers with HIV disease, for the period of March 1, 2005 through March 31, 2006.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.9)* **PHP-Community Health Promotion and Prevention – Request for approval to accept and expend retroactively a new two-year grant from DHHS, Substance Abuse Mental Health Services Administration, in the amount of $200,000, to support a project to prevent youth alcohol and substance use in the Bayview Hunters Point district, for the period of October 1, 2005 to June 30, 2007.
* *Grant summary and budget, Grant information form*

(3.10)* **PHP-STD Prevention and Control Services – Request for approval to accept and expend retroactively a new four-year grant from the San Mateo Medical Center, in the amount of $360,000, to establish an HIV/AIDS Research Center in the Bay Area, for the period of July 1, 2005 to June 30, 2009.
* *Grant summary, Grant information form, Budget justification*

(3.11) **CBHS** – Request for approval of a retroactive renewal contract with Instituto Familiar de la Raza, Inc., in the amount of $1,956,642, which includes a 12% contingency, to provide mental health/substance abuse services, for the period of July 1, 2005 through June 30, 2006.
* *Contract summary, Monitoring report summary, Client demographic information forms*

(3.12) **CBHS** – Request for approval of a retroactive renewal contract with Richmond Area Multi-Services, Inc., in the amount of $2,800,380 per year for a total contract value of $5,600,759, which includes a 12% contingency, to provide mental health services, for the period of July 1, 2005 through June 30, 2007.
* *Contract summary, Monitoring report summary, Client demographic information forms*

(3.13)* **CBHS – Request for approval of a retroactive renewal contract with Addiction Research and Treatment, Inc., in the amount of $5,103,038, for a total contract amount of $5,715,403, which includes a 12% contingency, to provide substance abuse treatment services, for the period of July 1, 2005 through June 30, 2006.
* *Contract summary, Monitoring report summaries, Client demographic information forms*

(3.14) **CBHS** – Request for approval of a retroactive renewal contract with Center on Juvenile and Criminal Justice, in the amount of $328,740 per year, for a total contract amount of $1,314,961, which includes a 12% contingency, to provide substance abuse supportive living services, for the period of July 1, 2005 through June 30, 2009.
* *Contract summary, Monitoring report memos, Monitoring report summary, Client demographic information form*

(3.15) **CBHS** – Request for approval of a retroactive renewal contract with Haight Ashbury Free Clinics, Inc., in the amount of $4,913,647 to provide behavioral health services, for the period of July 1, 2005 through June 30, 2006.
* *Contract summary, Monitoring report summaries, Client demographic information forms*

(3.16) **PHP-AIDS Office-HIV Health Services** – Request for approval of a retroactive contract renewal with Haight Ashbury Free Clinics, Inc., in the amount of $105,325, which includes a 12% contingency to provide Complementary Therapy Services to individuals who have HIV/AIDS and reside in San Francisco for the period of July 1, 2005 through June 30, 2006.
* *Contract summary, Monitoring report summary, Client demographic information form*

(3.17) **PHP-AIDS Office-HIV Health Services** – Request for approval of a retroactive contract renewal with the Latino Commission, in the amount of $280,000, which includes a 12% contingency, to provide residential substance abuse treatment services to adult HIV positive monolingual Spanish-speaking substance abusers, for the period of March 1, 2005 through June 30, 2006.
* *Contract summary, Monitoring report summary, Client demographic information form*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **FOR DISCUSSION AND ACTION:** **APPROVAL OF SAN FRANCISCO GENERAL HOSPITAL MEDICAL STAFF BYLAWS**
(Andre Campbell, M.D., SFGHMC Chief of Staff)
**Medical Staff Bylaws*

6) **FOR DISCUSSION:** **DEPARTMENT OF PUBLIC HEALTH ANNUAL REPORT**
(Scott Boule, Deputy Director, Office of Policy and Planning)
**Annual Report*

7) **FOR DISCUSSION:** **PROPOSITION 99 UPDATE**
(Jeffrey Leong, AB 75 Coordinator)
**Update*

8) **PUBLIC COMMENT/OTHER BUSINESS****

9) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Adele Destro by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Ms. Destro or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm

San Francisco Department of Public Health

AGENDA: HEALTH COMMISSION MEETING

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Tuesday, November 15, 2005
at 3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

The Budget Committee of the Commission will consider the consent calendar on this agenda at **2:00 p.m.** at 101 Grove. The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.

Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.

Public comment will be taken for all agenda items.

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF NOVEMBER 1, 2005

*Minutes of the meeting of November 1, 2005

3) PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner James M. Illig)

Items for Approval:

> (3.1) PHP-Housing and Urban Health – Request for approval of a contract modification with Lutheran Social Services, in the amount of $52,500, for a contract total of $221,192, which includes a 12% contingency, to provide money management and third-party rent payment services to residents of the Department of Public Health's Direct Access to Housing sites, for the period of July 1, 2005 through September 29, 2006.
> * Contract summary, Monitoring report summary and Responses, Client demographic information form
>
> (3.2) PHP-Epidemiology – Request for approval of a contract modification with the San Francisco Study Center, in the amount of $314,790, for a new three-year total of $363,619, which includes a 12% contingency, to provide fiscal agent services for the San Francisco Immunization Coalition, for the period of July 1, 2005 through June 30,

2008.
* Contract summary, Monitoring report summary

(3.3) PHP-AB75 – Request for approval to authorize adoption of the County Description of Proposed Expenditure of California Healthcare for Indigents Program (CHIP) Funds for Fiscal-Year 2005-06.
* Request memo, Description of Proposed Expenditure of CHIP Funds, Detail sheets

(3.4) PHP-AIDS Office – Request for approval to accept and expend a new grant from the Health Resources and Services Administration, in the amount of $110,343, for the period of
September 30, 2005 to September 29, 2006.
* Grant summary, Grant information form, Budget pages, Budget justification

(3.5) AIDS Office-HIV Health Services – Request for approval to accept and expend a new grant from the Office of Minority Health in the total amount of $849,167, for "Community of Color CBO Capacity Building Project", for the period of August 1, 2005 to July 31, 2008.
* Grant summary, Grant information form, Budget pages

(3.6) AIDS Office-HIV Health Services – Request for approval of a retroactive contract renewal with Dolores St. Services, in the amount of $194,916, which includes a 12% contingency, to provide paraprofessional support services and assistance with activities of daily life allowing clients to continue living independently. The services include non-medical and non-nursing assistance such as housecleaning, preparing meals, escort to medical appointments, assistance with personal care and other activities of daily living for individuals with HIV infection, for the period of March 1, 2005 through June 30, 2006.
* Contract summary, Monitoring report summary, Client demographic information form

(3.7) AIDS Office-HIV Health Services – Request for approval of a retroactive contract renewal with San Francisco Food Bank, in the amount of $103,936, which includes a 12% contingency, to provide food solicitation and liquid supplement to social service agencies in San Francisco that provide food services to low-income residents who are diagnosed with HIV, for the period of March 1, 2005 through June 30, 2006.
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(3.11) CBHS – Request for approval of a retroactive contract renewal with Morrisania West, Inc., in the amount of $614,570, for a total contract amount of $688,318, which includes a 12% contingency, to provide substance abuse services targeting African American youth and young adults, for the period of July 1, 2005 through December 31, 2006.
* Contract summary, Program update, Client demographic information form

(3.12) CHPP – Request for approval of a retroactive sole source contract renewal with the Regents of the University of California-Family Health Outcomes Project, in the amount of $201,600, including a 12% contingency, to provide evaluation services to the DPH Seven Principles Project, for the period of September 30, 2005 through September 29, 2006.
* Contract summary

Items for Discussion and Approval:

(3.13) CHN-SFGH – Request for approval of a new contract with Saint Francis Memorial Hospital, in the amount of $240,000, to provide outpatient Tertiary Radiation Oncology care services, targeting medically indigent adults, In-Home Supportive Service workers and San Francisco County Jail patients, for the period of November 1, 2005 through June 30, 2006.
* Contract summary

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* Contract summary, Monitoring report summary

(3.15) CBHS – Request for approval of a retroactive contract renewal with Baker Places, Inc., in the amount of $3,426,688, for a total contract value of $6,853,376, including a 12% contingency, to provide substance abuse services, for the period of July 1, 2005 through June 30, 2007.
* Contract summary, Program updates, Monitoring report memo, Monitoring report summaries, Client demographic information forms

(3.16) CBHS – Request for approval of a retroactive contract renewal with Baker

Places, Inc., in the amount of $9,883,682, including a 12% contingency, to provide mental health services, for the period of July 1, 2005 through December 31, 2006.
* Contract summary, Program updates, Monitoring report summaries, Client demographic information forms

(3.17) CBHS – Request for approval of a retroactive contract renewal with Asian American Recovery Services, in the amount of $8,816,803, including a 12% contingency, to provide mental health/substance abuse services, for the period of July 1, 2005 through December 31, 2006.
* Contract summary, Monitoring memo

(3.18) CBHS – Request for approval of a retroactive contract renewal with Jelani, Inc., in the amount of $2,540,675 per year, for a total contract value of $5,081,350, including a 12% contingency, to provide residential and outpatient substance abuse treatment services targeting women, children and families, for the period of July 1, 2005 through June 30, 2007.
* Contract summary, Monitoring report summary, Program updates, Monitoring report summaries, Corrective action plans and memo, Client demographic information forms

(3.19) CBHS – Request for approval of a retroactive contract renewal with Westside Community Mental Health Center, Inc., in the amount of $7,307,323, which includes a 12% contingency, to provide mental health services and fiscal intermediary services targeting adults and youth/adolescents, for the period of July 1, 2005 through December 31, 2006.
* Contract summary

(3.20) CBHS – Request for approval of a retroactive renewal contract with Seneca Center for Children and Families, in the amount of $3,081,574 per year, for a total contract amount of $9,117,642, including a 12% contingency, to provide residential, day treatment and therapeutic behavioral health services, for the period of July 1, 2005 through June 30, 2008.
* Contract summary, Monitoring report summary, Client demographic information forms

(3.21) CBHS – Request for approval of a retroactive renewal contract with Hyde Street Community Services, Inc., in the amount of $2,349,911 per year, for a total contract amount of $9,185,552, including a 12% contingency, to provide outpatient mental health services targeting adults in the Tenderloin area, for the period of July 1, 2005 through December 31, 2008.
* Contract summary, Program update, Monitoring report summary, Client demographic information form

4) FOR DISCUSSION: DIRECTOR'S REPORT
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
*Director's Report

5) PRESENTATION OF THE EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF NOVEMBER
*List of Awardees

6) FOR DISCUSSION: 1ST QUARTER FINANCIAL REPORT
(Gregg Sass, Chief Financial Officer)
*Quarterly Report

7) FOR DISCUSSION: HEARING TO CONSIDER THE FUTURE OF ST. LUKE'S HOSPITAL, INCLUDING THE IMPACT OF THE ELIMINATION OF OUTPATIENT MENTAL HEALTH FACILITIES ON THE HEALTH CARE OF THE COMMUNITY
*Update

TIME SPECIFIC: 4:00 P.M.

8) PUBLIC COMMENT/OTHER BUSINESS**

9) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.
** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Link to main menu page

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Lee Ann Monfredini
President

Roma P. Guy, M.S.W
Vice President

Edward A. Chow, M.D.
Commissioner

James M. Illig
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

Donald E. Tarver, II, M.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.sfdph.org

MINUTES

HEALTH COMMISSION MEETING

Tuesday, November 15, 2005
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:20 p.m.

Present:
Commissioner Lee Ann Monfredini, President
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Edward A. Chow, M.D.
Commissioner James M. Illig
Commissioner Donald E. Tarver, II, M.D.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D. – left at 5:50 p.m.

President Monfredini thanked Commissioner Sanchez and Commissioner Tarver for filling in at the November 8, 2005 San Francisco General Hospital Joint Conference Committee.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF NOVEMBER 1, 2005

Action Taken: The Commission approved the minutes of the November 1, 2005 Heath Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Illig chaired and Commissioner Chow and Commissioner Sanchez attended the Budget Committee meeting.

(3.1) **PHP-Housing and Urban Health** – Request for approval of a contract modification with Lutheran Social Services, in the amount of $52,500, for a contract total of $221,192, which includes a 12% contingency, to provide money management and third-party rent payment services to residents of the Department of Public Health's Direct Access to Housing sites, for the period of July 1, 2005 through September 29, 2006.

(3.2) **PHP-Epidemiology** – Request for approval of a contract modification with the San Francisco Study Center, in the amount of $314,790, for a new three-year total of $363,619, which includes a 12% contingency, to provide fiscal agent services for the San Francisco Immunization Coalition, for the period of July 1, 2005 through June 30, 2008.

Commissioners' Comments

- Commissioner Chow asked if the registry is just for children with MediCal. Andrew Resignato, director of the Immunization Coalition, replied that the money the Commission is approving with this contract is from the State and focuses on the MediCal population. However, the coalition's focus is on all children, and other sources of funds are available for this effort.

(3.3) [illegible] est for approval to authorize adoption of the County Description of [illegible]posed [illegible] California Healthcare for Indigents Program (CHIP) Funds for Fiscal-Year 2005-06.

(3.4) [illegible] – Request for approval to accept and expend a new grant from the [illegible] ices Administration, in the amount of $110,343, for the period of September 30, 2005 to September 29, 2006.

(3.5) **AIDS Office-HIV Health Services** – Request for approval to accept and expend a new grant from the Office of Minority Health in the total amount of $849,167, for "Community of Color CBO Capacity Building Project", for the period of August 1, 2005 to July 31, 2008.

Commissioners' Comments

- Commissioner Illig, commenting on Item 3.4 and 3.5, asked what standards would be used to judge if the grants were successful. Jimmy Loyce, AIDS Office Director, said that for the transgender program, the measures are the number of transgender individuals that participate in developing the trainings, the number of staff that get trained and patient satisfaction. The Office of Minority Health grant is targeted toward agencies that are underdeveloped in a variety of areas. These agencies are identified either through the contract monitoring or by the agency itself. Staff will identify best practices, apply these practices and evaluate whether the agency has successfully implemented them.

(3.6) **AIDS Office-HIV Health Services** – Request for approval of a retroactive contract renewal with Dolores St. Services, in the amount of $194,916, which includes a 12% contingency, to provide paraprofessional support services and assistance with activities of daily life allowing clients to continue living independently. The services include non-medical and non-nursing assistance such as housecleaning, preparing meals, escort to medical appointments, assistance with personal care and other activities of daily living for individuals with HIV infection, for the period of March 1, 2005 through June 30, 2006.

Commissioners' Comments

- Commissioner Illig is aware that the agency has recently undergone administrative changes, and asked the executive director to comment on these changes. Eric Quezada, Executive Director, said currently the agency is working with the Redevelopment Agency to address issues of capital improvement and long-term sustainability of Cohen House. Marcia Herring from the AIDS Office said it has been a real challenge working with the agency because for a time there was only three staff. As soon as Mr. Quezada identifies a day-to-day manager, the AIDS Office will provide technical assistance. Commissioner Illig said agencies' Boards of Directors are have the responsibility to ensure that programs continue regardless of whether an E.D. or program director or anyone else leaves.

- Commissioner Chow asked when the additional staff would come on board. Mr. Quezada said he is hiring the R.N. and psychiatric coordinator right now. He anticipates hiring another program manager in January.

(3.7) **AIDS Office-HIV Health Services** – Request for approval of a retroactive contract renewal with San Francisco Food Bank, in the amount of $103,936, which includes a 12% contingency, to provide food solicitation and liquid supplement to social service agencies in San Francisco that provide food services to low-income residents who are diagnosed with HIV, for the period of March 1, 2005 through June 30, 2006.

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services, targeting medically indigent adults, In-Home Supportive Service workers and San Francisco County Jail patients, for the period of November 1, 2005 through June 30, 2006.

Commissioners' Comments

- Commissioner Illig asked Ms. Currin to confirm that St. Francis submitted its cultural competency report.

- Commissioner Chow asked what mechanism would be used to decide which facility patients are referred to for radiation oncology services. Ms. Currin said at the present time St. Francis is limited in its capacity, so to start would be utilized mainly as a backup to U.C. However, St. Francis is expanding its facility, and in six to nine months will have increased capacity.

(3.14) **CHN-SFGH** – Request for approval of a contract renewal with the Regents of the University of California, San Francisco, in the amount of $1,133,333, to provide Tertiary Care services, targeting medically indigent adults, In-Home Supportive Service workers and San Francisco County Jail patients, for the period of November 1, 2005 through June 30, 2006.

Commissioners' Comments

- Commissioner Illig asked that the contract review include patient satisfaction. Ms. Currin said she is working with U.C. to develop a tool to survey the patients that are served as part of this contract. Commissioner Chow said that the findings from U.C.'s survey of all patients would be accessible.

(3.15) **CBHS** – Request for approval of a retroactive contract renewal with Baker Places, Inc., in the amount of $3,426,688, for a total contract value of $6,853,376, including a 12% contingency, to provide substance abuse services, for the period of July 1, 2005 through June 30, 2007.

(3.16) **CBHS** – Request for approval of a retroactive contract renewal with Baker Places, Inc., in the amount of $9,883,682, including a 12% contingency, to provide mental health services, for the period of July 1, 2005 through December 31, 2006.

Barbara Garcia, Deputy Director of Health, Director, Community Programs, gave the Budget Committee background information about changes with the agency over the past few years. In Fiscal Year 2003, the agency was cut $2.7 million. DPH has been working very closely with Baker to implement this cut. To respond to this loss, and to strategize how to preserve and increase MediCal revenue, Baker Places moved and re-licensed four facilities. There were unanticipated move costs that Baker Places absorbed. During this same fiscal year, the CFO left the agency. In FY 2004, Baker began reducing services. It also became over dependent on its line of credit. DPH worked with the agency to develop a recovery plan that required them to leverage their property assets to pay off their line of credit. DPH also assisted the agency with contract flexibility so that the agency could deal with structural issues that included an increase in workers compensation costs. Most recently, DPH has been working with Baker to strengthen their fiscal capability and monitoring them to ensure that their rates reflect costs. The agency did hire a permanent fiscal officer, and they have a new auditor as well. On December 2nd, Baker will be one of the first agencies to undergo the multi-department performance review that was recently implemented through the Controller's Office.

Commissioners' Comments

- Commissioner Illig said one of his main concerns is the fact that substance abuse outcomes and mental health outcomes are monitored so differently from each other. Ms. Garcia said the Department recognizes this and is working to change this through the integration process. Commissioner Illig said that one of the joint conference committees needs to take a look at the range of housing that DPH provides, including supportive housing, medically-supported detox, adult diversion and others.

- Commissioner Chow asked how in practice Baker links its substance abuse and mental health programs. Ms. Garcia said Baker is a good example of an agency that has multiple funding sources, which affords more flexibility to integrate. Jonathan Vernick, executive director of Baker Places, added that the mental health and substance abuse clients are basically the same population. At the agency level they have been able to mix the money and provide the services. The challenge had been the monitoring of these mixed programs, but the new combined monitoring process should address this.

(3.17) **CBHS** – Request for approval of a retroactive contract renewal with Asian American Recovery Services, in the amount of $8,816,803, including a 12% contingency, to provide mental health/substance abuse services, for the period of July 1, 2005 through December 31, 2006.

(3.18) **CBHS** – Request for approval of a retroactive contract renewal with Jelani, Inc., in the amount of $2,540,675 per year, for a total contract value of $5,081,350, including a 12% contingency, to provide residential and outpatient substance abuse treatment services targeting women, children and families, for the period of July 1, 2005 through June 30, 2007.

> Secretary's Note – The contract term was changed to one year. The contract is for the period of July 1, 2005 through June 30, 2007.

Commissioners' Comments

- Commissioner Illig asked Margaret Gold, the agency's executive director, to talk about some of the steps that have been taken to improve the agency's performance. Ms. Gold said the past year has been a learning experience, but also provided the opportunity to make changes. She closed some programs, and is hoping to open a transitional program to enhance treatment modality. Commissioner Illig believes Jelani needs a larger board to provide the agency with the help it needs.

(3.19) **CBHS** – Request for approval of a retroactive contract renewal with Westside Community Mental Health Center, Inc., in the amount of $7,307,323, which includes a 12% contingency, to provide mental health services and fiscal intermediary services targeting adults and youth/adolescents, for the period of July 1, 2005 through December 31, 2006.

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Commissioners' Comments (at Health Commission meeting)

- Commissioner Illig noted that the Budget Committee requested that the contract summaries that are given to the Health Commission as part of the Budget Committee packet are sent to the contractors as well.

Action Taken: The Commission approved the Budget Committee Consent Calendar. Commissioner Tarver abstained from voting on Item 3.15 and Item 3.16. Commissioner Chow abstained from voting on Item 3.10.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Royal Visit

Prince Charles and his wife, the Duchess of Cornwall, visited the Empress Hotel on Tuesday, November 8th. The Empress is DPH's newest supportive program providing housing for 90 previously chronically homeless people. The Royal couple was extremely knowledgeable and interested in the issue of homelessness, asked insightful questions regarding substance use and mental health issues. As it should be, the attention of the event was focused on the tenants of the building, with many residents having the opportunity to have genuine conversations about their lives and the success and struggles that they continue to have as they recover from life on the streets. It was an extremely positive experience for all participants as well as bringing worldwide attention to the issue of homelessness and the power of supportive housing. Many thanks to Marc Trotz and his staff for the fine work they did in making the visit a memorable event for everyone.

Golden Guardian Exercise

The Department participated in today's Golden Guardian Exercise. This Bay Area wide exercise was designed to test the coordination of the activities of city, county and State government, first responders, volunteer organizations and private industry in response to terrorism. Today's exercise was predicated don the use of explosive devices (IED) and a chemical release. The event occurred in multiple sites within the State of California. This exercise will enhance interagency coordination and cooperation, provide training to staff, test response and recovery capabilities, activate the Standardized Emergency Management System (SES) and the mutual aid system. San Francisco's role in the exercise provided mutual aid. Two hundred volunteers acted as patients and arrived by Ferry to Pier 31, where they were triaged and transported to San Francisco hospitals.

San Francisco continues to test its emergency response systems to ensure that in the event of a disaster, we are prepared to respond appropriately.

Board of Supervisors Hearing on HMA Report

On November 14th the Audit and Government Efficiency Committee of the Board of Supervisors held a hearing on the HMA report. Dr. Katz submitted the Department's response to the report, which he attached to the commissioners' copies of the Director's Report. The hearing went well with the majority of testimony focusing on the size and role of Laguna Honda Hospital (LHH) within the City's long-term care system.

JCAHO Survey Scheduled at SFGH
The JCAHO Laboratory Survey, which will include the Clinical Laboratories, Anatomic Pathology Laboratories and Nuclear Medicine, is scheduled for November 15 – 18, 2005. There will be one surveyor who will follow the tracer methodology; therefore, the entire hospital needs to be prepared. The survey will cover such areas as the National Patient Safety Goals, any recommendations for improvements (RFIs) from the 2005 hospital survey, point of care testing (POCT), and provider performed microscopy procedures (PPMP). In preparation for this survey, the entire hospital staff and the medical staff—including house staff—have paid particular attention to these areas.

SFGH Medical Helipad Project Update
Dr. Katz reported that more progress has been made in moving the SFGH Helipad Project ahead. The Initial Study for the draft EIR was published on October 29, 2005. Written comments on the Initial Study and scope of the EIR will be received by the Planning Department during a 30-day public comment period that ends on November 30 at 5p.m. The full text of the Initial Study is available on the SFGH Medical Helipad web page www.dph.sf.ca.us/helipad. It is also available for public review at the Main Public Library, at SFGH neighborhood branches [Potrero, Mission, Bayview] and at the SFGH Hospital Library on campus. The next step in the EIR process is to write and publish the draft EIR. A 45-day public comment begins with the publication of the draft EIR and a public hearing before the Planning Commission will also take place. Design drawings for the rooftop medical helipad are currently in development in support of the EIR.

Mobile Eye Van Wins Award
The California Association of Public Hospital and Health Systems (CAPH) have co-awarded San Francisco General Hospital and the Community Health Network Primary Care top honors in the 2005 Management Excellence Award for the SFGH Mobile Eye Van. The entry category was *Using Technology to Improve Patient Care*. Since first hitting the road on September 8, 2004, the Eye Van has provided services to over 1000 patients and has substantially helped improve our efforts to screen for diabetic eye disease. In collaboration with LensCrafters, the Eye Van staff has provided eye exams and glasses to over 400 homeless individuals during two Project Homeless Connect Events in June and August of 2005. Alexander Li, MD from Chinatown Health Center, and Gene O'Connell, Stuart Seiff and Terry Dentoni from SFGH will accept the award during the upcoming CAPH Annual Conference.

New Specialty Care Unit to Open at LHH
Consistent with its vision to be a "center of excellence...supporting residents' highest level of independence," Laguna Honda Hospital and Rehabilitation Center (LHH) is developing a new specialty resident care unit to better meet the needs of residents who are substantially challenged by cerebral palsy, epilepsy, autism, or mental retardation. The new unit will provide programs and services specializing in enhancing the clinical care of intellectually disabled/developmentally delayed (ID/DD) residents.

Staff has found that a focused program helps LHH staff provide improved services for residents with special needs. The focused programming will help staff to better coordinate services for ID/DD residents, many of whom participate in community programs, and provide them with better synchrony to their day program. The new unit was selected in part for its close proximity to hospital-wide activities and ready access to transportation, which would facilitate access to community services.

The unit is targeted to open on December 6, 2005. Nurse managers and medical social workers at LHH are working closely with the selected ID/DD residents and their families to prepare them for the move, and get input on services and programs that they would like to have on the unit.

Culturally Responsive Care Grant

San Francisco General Hospital has been selected to participate in the second cohort of the *LEADing Organizational Change: Advancing Quality Through Culturally Responsive Care.* The LEAD program is funded by The California Endowment and is a partnership between the UCSF Center for the Health Professions and the California Health Care Safety Net Institute. The one-year, $50,000 grant will be used to further the work of the African American Health Disparity Project which develops and implements hospital -based interventions that improve the health of African Americans.

Avian Flu Task Force Formed

As a response to the increasing attention on the avian influenza worldwide, the Communicable Disease Control and Prevention Section (CDCP) has taken the lead in forming the City's Avian/Pandemic Influenza Task Force. This group is an extensive collective of City and County Departments and Agencies, including SFPD, SFFD, Sheriff's Department, DHR, SFO, DPW, Port, Rec and Park, Medical Examiner, ACC, SFPUC, DHS, MUNI, DPT, ECD, OES, and the Mayor's Office. The goals of the group are to stay updated and informed on the current situation with avian influenza and its potential to evolve into a pandemic state; ensure that each department or agency is working to develop their own response plans; and finally, to ensure that all plans are coordinated city-wide. The Task Force will be meeting every 2-4 weeks for the next several months.

In addition [illegible] out an Influenza/Avian Flu Health Advisory on Tuesday November 8 to all SF [illegible]ans, hospitals and infection control practitioners. The Advisory and other up-to-date information can be found on the CDCP website: www.sfcdcp.org.

Overdoses [illegible] Harm Reduction.

The number [illegible] overdoses in San Francisco has dropped ever since harm reduction programs were implemented in the county. Drug overdose may soon surpass auto accidents as the leading cause of accidental deaths in California; but in San Francisco, the death from drug overdoses is at its lowest level in nearly a decade. The number of overdose deaths in San Francisco, which has one of the highest rates of drug use in the state, has fallen from 178 in 1998 to 144 two years ago. (Since then, the number may have dropped even further to fewer than 100 deaths annually.) Meantime, the statewide figures went up 42% for the same time period.

San Francisco has embraced a number of harm reduction practices in recent years. For example, in 2003, San Francisco became the first county in the state to publicly fund naloxone distribution. Naloxone is a medication that can revive an overdosing opiate addict within minutes. Addicts in San Francisco have reported saving 116 fellow-addicts with the medication.

UCS Urban Health Study

Preliminary data from an Urban Health Study (University of California-San Francisco) suggested that intravenous drug users (IDUs) who received SSI benefits were more stably housed, less reliant on illegal income, used drugs less frequently, and shared needles less often than IDUs without SSI benefits. In other words, it appears that SSI benefits contribute to general life stability and a reduction in drug-related harm. This finding is consistent with many other studies that have shown that drug users who receive income supports and/or subsidized drug treatment are less likely to be homeless, engage in illegal activities, or use drugs.

Police Crisis Intervention Training

Dr. Katz brought the Health Commissioners up to date on the Department's Police Crisis Intervention Training, a program designed to help police officers work more effectively with mental health consumers and give them options for helping those individuals who come in contact with law enforcement officers. Last month marked the 15th completed training session bringing the total number of officers taking the course to 420. The San Francisco Police Department alone writes 3,000 to 6,000 5150's per year, giving San Francisco the highest 5150-rate in the state.

This 40-hour training course is a collaboration between a number of agencies and Departments: CBHS, SFPD, Mental Health Board, Jail Psychiatry, San Francisco General Hospital, Progress Foundation, Bay View Clubhouse and behavioral health consumers.

The officers begin the training by visiting clinics and acute diversion units. Early in the program, a consumer group, "Stamp out Stigma," shares stories of their personal experiences with psychiatric treatment and law enforcement. The officers also tour inpatient units at San Francisco General Hospital. This is followed by a session on disabilities, child crises services, older adult services, as well as a chance to quiz Bob Cabaj, MD about Community Behavioral Health Services.

At the conclusion of the training program, Chief Heather Fong and many of her Command Staff provide the officers with certificates. One of the key benefits of this program is that CBHS staff and officers get to know each other, which helps provide clients the best possible chance to be directed to the health services they need. When officers are aware of the behavioral health service sites, they are more likely to guide clients to clinics.

Another outgrowth of this program is the Advanced Officer Training in Mental Health, which is presented up to four times each month at the SFPD Academy. Officers receive lectures on suicide assessment and how to work effectively with Mobile Crisis. A total of 391 officers have gone through the Advance Training program.

In recognition of the time and effort put out by CBHS and affiliated employees, the SFPD has provided a series of trainings at the SFPD Academy to DPH staff. The training includes simulations of law enforcement activities such as safety training, progressive use of force and even driving simulations. SFPD also provided Mobile Crisis Director, Carolyn Kaufman, the opportunity to take a forty-hour course leading to Police Officer Safety Training Instructor Certification so that officers taking her classes can receive POST credits.

DPH is very pleased with these training programs and believe that they continue to benefit both clients as well as educating police officers on how to deal with clients and, more importantly, how to get mental health consumers into more appropriate treatment.

Passing of Jeff Jew

Dr. Katz received the sad news last week that Jeff Jue, LCSW, former Director of San Francisco Community Mental Health Services, passed away due to complications from a respiratory illness. Jeff was a social worker/administrator for 32 years. He served as director of mental health and drug and alcohol programs in California for over 25 years, with stints as mental health director for

Merced, Sonoma, and San Francisco counties. Jeff was 62, and a native of San Francisco. We extend our deepest sympathy to his family.

Community Health Network, San Francisco General Hospital, November 2005 Credentials Report

	11/05	07/05 to 11/05
New Appointments	20	78
Reinstatements	0	0
Reappointments	26	158
Delinquencies:	0	
Reappointment Denials:	0	
Resigned/Retired:	15	52
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Deceased	0	0
Changes in Privileges		
Additions	9	20
Voluntary Relinquishments	4	15
Proctorship Completed	13	41
Proctorship Extension	0	6

Current Statistics – as of 11/1/05			
Active Staff	477		
Courtesy Staff	566		
Affiliate Professionals (non-physicians)	192		
TOTAL MEMBERS	1,235		
Applications In Process		23	
Applications Withdrawn Month of November 2005		0	1 (07/05 to 11/05)
SFGH Reappointments in Process Dec. 2005 to Mar. 2006		224	

Commissioners' Comments

- Commissioner Tarver asked if the mental health training would extend to the Sheriff's Department. Dr. Katz said there is a similar training with the Sheriff, which is more intensive due to the Sheriff's role at San Francisco General Hospital, Laguna Honda Hospital and the clinic.

- Commissioner Umekubo asked if San Francisco's lack of an air medical access helipad negatively impacted the Golden Guardian exercise. Dr. Katz said that the exercise takes into account available and unavailable resources, including the lack of helipad, but certainly in a real emergency not having a helipad would have an impact.

- Commissioner Chow asked how the HMA report would be brought through the Department and the Health Commission. Dr. Katz said that chapter one of the report is an operational chapter, and the Department has already started work in this area. The Commission has been very clear in its support for integration, which is the focus of many of the recommendations. So the Commission's role with regard to chapter one is accountability. Today's update is a minor status report on chapter 2. He will come to the Commission in three to four months to give a progress report.

- Commissioner Guy agrees with the process of accountability. She believes that the Laguna Honda Hospital Joint Conference Committee (LHH JCC) should sort out the policy versus accountability issues.

- Commissioner Illig said that the LHH JCC is getting monthly updates. His concern is that this is the first update the Commission has gotten since the report was issued in July. He said that DPH's contract partners need to be pulled into planning, and should be represented on the Clinical Operations Committee. Dr. Katz said the clinical operations group has not been formed yet. People want a greater sense of what a greater sense of the Committee's goals before establishing the committee.

- Commissioner Monfredini said Dr. Katz and the Commission should work together to determine how to provide accountability to the HMA Report.

5) PRESENTATION OF THE EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF NOVEMBER

Commissioner Chow presented the employee recognition awards for the month of November.

Individual Awardee	**Division**	**Nominated By**
Linda Deboi-Quesada	Maternal Child & Adolescent Health	Renee Anderson

Team Awardee	**Division**	**Nominated By**
CBHS Adult Services Team-The Alternatives Program • Elias Santiago • Gilberto Alexander • John Bailey • Roland Washington • Louai Bilal • Herbert Leung • Damon Eaves • Charles Allen	CBHS	LaDonnis Elston

6) 1ST QUARTER FINANCIAL REPORT

Gregg Sass, Chief Financial Officer, presented the 1st Quarter Financial Report. The report presents the first quarter financial projections of revenues and expenditures for DPH for FY 2005-2006. Projections include a revenue surplus of $18.6 million and expenditure deficit of $5.2 million, for a net favorable surplus of $13.4 million. Mr. Sass presented an overview of each division in the Health Department. For San Francisco General Hospital, year-end projections show a surplus of $5.4 million, largely as a result of additional Medi-Cal for 2005-06. Expenditures are projected to be over budget by $3.6 million, which is primarily attributed to high patient volume in the first quarter of the year compared to budget. Year-end projections indicate a surplus of $7.3 million at Laguna Honda Hospital, largely due to $10 million in unbudgeted revenue due to a large increase in the Medi-Cal base per diem rates. Primary care year-end projections indicate a deficit of $2.013 million due to unfavorable variances in Salaries and Fringe Benefits.

Mr. Sass concluded by saying that with only three months of the fiscal year on which to base projections, and nine months remaining, it is difficult to project the year-end fiscal position with precision. However favorable revenue variances at SFGH and LHH provide high confidence that the Department will end the year with an overall surplus and enable the Department to fund a supplemental appropriation for payroll deficits at those sites.

Projected FY 2005-06 Year-End Surplus/Deficit

	REVENUES			EXPENDITURES			TOTAL
Division	Revised Budget	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	Surplus/ (Deficit)
Department of Public Health							
SFGH	$ 589,785,000	$ 516,381,000	$ (73,404,000)	$ 589,785,000	$ 510,938,000	$ 78,847,000	$ 5,443,000
SB855 Adjustment	(82,000,000)	-	82,000,000	(82,000,000)	-	(82,000,000)	-
SFGH Adjusted	$ 507,785,000	$ 516,381,000	$ 8,596,000	$ 507,785,000	$ 510,938,000	$ (3,153,000)	$ 5,443,000
Laguna Honda	164,756,000	174,756,000	10,000,000	184,758,000	167,455,000	(2,699,000)	7,301,000
Primary Care	42,533,000	42,533,000	-	42,533,000	44,546,000	(2,013,000)	(2,013,000)
Health at Home	8,547,000	8,547,000	-	8,547,000	8,436,000	111,000	111,000
Jail Health	23,087,000	23,087,000	-	23,087,000	22,447,000	640,000	640,000
Public Health	96,905,000	96,905,000	-	96,905,000	96,917,000	(12,000)	(12,000)
Mental Health	191,815,000	191,815,000	-	191,815,000	190,166,000	1,649,000	1,649,000
Substance Abuse	68,238,000	68,238,000	-	68,238,000	67,996,000	242,000	242,000
TOTAL DPH	$ 1,103,666,000	$ 1,122,282,000	$ 18,596,000	$ 1,103,666,000	$ 1,108,901,000	$ (5,235,000)	$ 13,361,000

The Revised Budget in the table above Includes: Annual Appropriation Ordinance for DPH, carry forwards from prior year, Inter Governmental Transfer (IGT) for SB855, Transfer In and Project Related expenses.

Commissioners' Comments

- Commissioner Tarver asked if budget projections are ever finally confirmed or reconciled. Mr. Sass said there is not an exact answer, but the annual audit confirms that DPH's financial reports are acceptable and appropriate.

- Commissioner Guy is concerned about Primary Care, because this is such an important part of our system.

7) HEARING TO CONSIDER THE FUTURE OF ST. LUKE'S HOSPITAL, INCLUDING THE IMPACT OF THE ELIMINATION OF OUTPATIENT MENTAL HEALTH FACILITIES ON THE HEALTH CARE OF THE COMMUNITY

Martin Brotman, M.D., President and CEO of California Pacific Medical Center (CPMC) and interim CEO of St. Luke's Hospital presented the Health Commission with an update on the affiliation between CPMC and St. Luke's Hospital. Dr. Brotman introduced the team that he brought with him to the meeting, including Robert Tomasello, Chair of CPMC's Board of Directors, and Dr. Brian Goodell, Interim COO of St. Luke's Hospital. The presentation focused on the current situation, the merge update, management transition, plans for future development and community stakeholders.

St. Luke's projected losses for calendar year 2005 are $31 million. Budget projections for 2006 show a $27 million deficit. The acute daily census in October was 47, and 57 year to date for 2005. There has been significant investment in sustaining St. Luke's. Since the affiliation with Sutter Health in 2001 more than $164 million has been invested. Since January 2002, operations subsidies to the hospital are more than $102 million and the operations subsidy to the Health Care Center have been $18 million. Dr. Brotman provided examples of investment, including ICU monitors, diabetes center, emergency department upgrades, cardiac center, MRI upgrade and other investments.

In October 2005 both the St. Luke's Board of Directors and CPMC's Board of Directors approved the affiliation agreement whereby St. Luke's would become the fourth campus of CPMC. CPMC has a track record of turning around failing hospitals. This agreement is subject to approvals by Episcopal Charities and Sutter Health. The merger will be complete after approval by the California Attorney General. Upon approval there will be one CPMC budget, one expanded board of directors and one management team. There will be separate medical staffs, at least for the short term. There will be two community advisory boards. Dr. Brotman was appointed interim CEO of St. Luke's by the St. Luke's Board of Directors on November 1, 2005.

Dr. Brotman discussed the new approach to delivering healthcare at St. Luke's. The problem at St. Luke's is not bad cost-management. The major thrust of the solution is on the revenue side, and that means improving the attractiveness of St. Luke's to doctors and then, through doctors, to patients in the community. The new approach is to:

- Work in collaboration with key stakeholders to revitalize St. Luke's
- Solidify and enhance ambulatory care delivery in the community
- Collaborate with community-based organizations that have expertise in service diverse populations within the South of Market area
- Develop culturally competent community resources: education, social services, financial counseling, care management
- "Right-size" the acute care hospital:
    - Goal: 10 more patients per day
    - Focus on core acute services: emergency, lab, radiology, pharmacy, anesthesia, surgical services, medical/surgical nursing care
- Assess other services as they enhance or support the core acute services
- Immediate investment: $30 million plus in new Emergency Department; Improvements to Maternity service facility.

Dr. Brotman said a turnaround committee has been formed to affect management transition. The committee is accountable to the Board of Directors at St. Luke's Hospital and includes board chairs from each hospital, the CEO, Executive Vice President and Site Administrator and medical staff leaders. There are three working groups—Operations Integration, Communications and Community Development and Service Enhancements and Work Culture. The timeline is for a three-year revitalization program. Dr. Brotman said that CPMC would engage with community stakeholders in considering the future of St. Luke's. They are seeking a legitimate forum in which all stakeholders that share the concerns about the health care delivery system, particularly in South of Market, participate in decision-making. If we work in collaboration, we can find solutions together. Dr. Brotman's second commitment, beyond the investment CPMC will make in St. Luke's, is that CPMC would come to the appropriate table when those responsible for health care decisions say this is the proper forum.

Commissioners' Comments

- Commissioner Monfredini asked if there is an effort to get physicians on board and St. Luke's and to entice doctors to the hospital. Dr. Brotman said the physician strategy is underway. He has been meeting with physicians for the past three and a half years. Dr. Goodell has taken on this effort and is meeting with as many physicians as soon as possible. Physicians must come to St. Luke's in order for the recovery to work. Commissioner Monfredini asked Mr. Tomasello if CMPC's board is committed to supporting a facility that is not as profitable as other CMPC campuses, and in fact loses money. Mr. Tomasello replied that he was pleased that the Board made the decision to look at the community's best interest even in difficult economic times. The first meeting of the turnaround committee was very encouraging. Commissioner Monfredini wants the CPMC board to wrap its arms around St. Luke's. Mr. Tomasello said that the board got beyond economics and he is enthusiastic about its commitment to move forward.

- Commissioner Guy welcomes the commitment to investing services in St. Luke's. Not all patients are equal, and not all come with health insurance. So an additional 10 patients may not generate [illegible]d revenue. She wants to partner with CPMC on any changes that will happen at St. Luke's and asked for confirmation that proposed changes would be disclosed to the Health Commission. Dr. Brotman replied that CPMC is a full-disclosure hospital and if they have a problem they would discuss it with the Health Commission. Commissioner Guy asked what happens if patients are uninsured. Dr. Brotman said that the financial forecasts include the current payor mix, including uninsured, and an expanded payor mix.

- Commissioner Illig thanked CPMC for taking on St. Luke's. He is struck by the different cultures of St. Luke's and CPMC and CPMC and the Health Commission. A trust needs to develop between all entities. The community expects St. Luke's to stay open as an acute care hospital with an emergency department, serving poor people in that part of the city. He asked if CPMC could commit to St. Luke's beyond three years. Dr. Brotman said his intent is that the hospital be there. It is his intent to succeed. CPMC is not going to work for three years then close the hospital. He suggests providing regular updates to the Commission. Commissioner Illig asked how confident Dr. Brotman is about fundraising for St. Luke's, given that they are embarking on a capital campaign at the same time. Dr. Brotman is very confident in St. Luke's fundraising outcomes. Commissioner Illig asked where the money for St. Luke's seismic retrofit would come from. Dr. Brotman said they project they will need to rebuild St. Luke's by 2016. He does not know where the money would come from.

- Commissioner Chow said part of this hearing is to clear the air about what happened with outpatient mental health services and what was the disposition of the patients that had been receiving services. He also asked if the Commission and public could expect to see St. Luke's charity care levels similar to what they were in the past. Commissioner Chow said the

Commission considers St. Luke's a safety net hospital and he wants to see this continue. Dr. Brotman said the charity care commitment would be preserved. The St. Luke's community will be represented on the board and they will hold the organization to this commitment. Jim Strong, Director of Operations and CFO for St. Luke's Hospital responded to the outpatient mental health question. He said that patients were referred to outpatient services by three mechanisms: referred by Community Behavioral Health Services (CBHS); seen in the inpatient psychiatric unit and discharged with a referral for outpatient services; and screened through the Emergency Department and recommended for outpatient services. Mr. Strong said those from the ED are generally being served by SFGH. CBHS is re-referring its patients. Mr. Strong said that the doctors communicated with each patient, but he does not know the specific client disposition. Commissioner Chow wants to know to where the 30 patients were referred. Mr. Strong will get this information to the Health Commission within 72 hours. Commissioner Chow asked if CPMC was seriously considering a split OB. Dr. Brotman said he does not know the answer right now. Commissioner Chow said if there is to be a change, CPMC must comply with Proposition Q.

- Commissioner Umekubo thanked CPMC for coming before the Commission, and asked the status of the sub-acute care unit. Dr. Brotman said the sub-acute unit is still at St. Luke's. However the goal is for St. Luke's to be an acute hospital, not a chronic-care facility. Sub-acute is very expensive in an acute care setting and will be very closely examined.

- Commissioner Tarver said there is a grave deficit at the institution due to the closure of the inpatient psychiatric ward. It is imperative to provide referrals when care is going to cease. St. Luke's should have known long before services ended how and where the patients were going to be served. He is dismayed by the lack of information about patient disposition. He asked what the potential is for CPMC to restore psychiatric services to St. Luke's within the next several years. Dr. Brotman said that at one time psychiatry was threatened at CPMC. Now the services are provided by CPMC, with different campuses having different services. Patients' needs could be addressed by making sure that psychiatric patients are served by the CPMC system or by recreating a unit at St. Luke's, but he does not know the answer at this time. Commissioner Tarver urged CPMC to enhance psychiatric services in the southeast part of the city.

- Commissioner Sanchez reinforced St. Luke's critical mission and history to the people of San Francisco. He congratulated Dr. Brotman for getting the Skirball Grant. The key is to work with the community to plan around this grant. St. Luke's has always been a community partner and a partner with San Francisco General. It is good to hear Dr. Brotman discuss the plans for the hospital and the commitment to not downsize.

- Commissioner Monfredini asked Dr. Katz if he had any comments. Dr. Katz said that when St. Luke's has a patient that needs services St. Luke's does not provide, that patient is transferred to San Francisco General Hospital. One small way to help the system is if CPMC would provide the necessary services, as it has the capacity to do so and St. Luke's is part of its system.

- Commissioner Monfredini wants the Health Commission to consider a resolution regarding this merger at the December 6th Health Commission meeting. Commissioner Chow asked that the resolution memorialize CPMC's commitments. Commissioner Tarver and Commissioner Guy asked that the resolution emphasize public process and community input.

8) PUBLIC COMMENT/OTHER BUSINESS

None.

9) ADJOURNMENT

The meeting was adjourned at 6:35 p.m.

Michele M. Seaton

Michele M. Seaton
Executive Secretary to the Health Commission

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be reflected in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.sfdph.org

AGENDA

HEALTH COMMISSION MEETING

Tuesday, December 6, 2005
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

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The Budget Committee of the Commission will consider the consent calendar on this agenda at 2:00 p.m. at 101 Grove. The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.

Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF NOVEMBER 15, 2005
**Minutes of the meeting of November 15, 2005*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner James M. Illig)

Items for Approval

(3.1) **PHP-Community Behavioral Health Services** – Request for approval to accept and expend funds from the SAGE Project, for evaluation of a Center for a Substance Abuse Prevention project focusing on substance abuse, HIV and Hepatitis prevention, in the amount of $205,000, for the period of September 30, 2005 to September 29, 2010.
** Grant summary, Grant information form, Budget*

(3.2) **PHP-Housing and Urban Health** – Request for approval to accept and expend a grant from the Department of Justice, in the amount of $739,982, to expand the Direct Access to Housing program, for the period of July 1, 2005 to June 30, 2006, and approval of a contract with the Tenderloin AIDS Resource Center, in the amount of $505,308, for the same period.
** Grant summary, Grant information form, Budget*

(3.3) **DPH-Central Administration** – Request for approval of a contract modification with P.B. Strategies, LLC, in the amount of $331,087, for a new two-year total of $694,126, which includes a 12% contingency, to provide strategic planning, project management and capital integration services for the Department, for the period of July 1, 2005 through June 30, 2007.
** Contract summary, Summary of Progress, Monitoring report summary*

(3.4) **AIDS Office-HIV Prevention** – Request for approval of a retroactive renewal contract with the Harm Reduction Coalition, in the amount of $84,000, which includes a 12% contingency, to provide HIV Prevention skills-building training services to HIV/AIDS service providers, for the period of July 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.5) **AIDS Office-HIV Prevention** – Request for approval of a retroactive renewal contract with Better World Advertising, in the amount of $175,840, which includes a 12% contingency, to provide the "HIV Stops With Me" prevention education/social marketing campaign, for the period of October 1, 2005 through December 31, 2005.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.6) **CBHS** – Request for approval of a contract renewal with Sunny Hills Children's Garden Family and Children's Services, in the amount of $591,756, to provide mental health services for youth ages 12 through 18, for the period of July 1, 2005 through December 31, 2006.
** Contract summary, Monitoring report summary, Client demographic information forms*

(3.7) **CBHS** – Request for approval of a retroactive contract renewal with the Fred Finch Youth Center, in the amount of $315,257, to provide therapeutic behavioral services and dual diagnosis mental health services for adolescents, for the period of July 1, 2005 through December 31, 2006.
** Contract summary, Monitoring report summary, Plan of correction, Client demographic information forms*

Items for Discussion and Approval

(3.8) **DPH-Office of Policy and Planning** – Request for approval to retroactively accept and expend a two-year contract from California Managed Risk Medical Insurance Board, in the amount of $4,378,351, for the Healthy Kids Project, for the period of July 1, 2005 through June 30, 2007.
** Grant summary, Grant information form*

(3.9) **CHN-SFGH** – Request for approval of two new retroactive contracts with Crdentia Corporation and First Call Nursing Services, Inc., in the amount of $2,700,000, to be shared with previously approved contractors: Agostini Medical Staffing, Arcadia Health Services, Inc., HRN Services, Inc., Medstaff, Inc., Nurse Providers, Inc. and United Nursing International, to provide supplemental, temporary Per diem and Traveling nursing personnel services for San Francisco General Hospital Medical Center, for the period of November 15, 2005 through June 30, 2006.
** Contract summary, Vendor rates page*

(3.10) **AIDS Office-HIV Prevention** – Request for approval of a retroactive new contract with Tenderloin AIDS Resource Center, in the amount of $135,165, including a 12% contingency, to provide Prevention with Positives Program services in a clinical setting, for the period of August 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.11) **AIDS Office-HIV Health Services** – Request for approval of a retroactive new contract with Patricia Sullivan Consulting, in the amount of $149,744, which includes a 12% contingency, to provide professional consultation services to support the Community of Color Community-Based Organizations Capacity-Building Project, for the period of August 1, 2005 through July 31, 2006.
** Contract summary, Contract evaluation form, Client demographic information form*

(3.12) **AIDS Office-HIV Prevention** – Request for approval of a retroactive new contract with Patricia Sullivan Consulting, in the amount of $75,661, which includes a 12% contingency, to provide professional consultation services to support the Transgender Capacity Building – In-Depth Needs Assessment and Clinical Best Practices Development program, for the period of September 30, 2005 through September 29, 2006.
** Contract summary, Contract evaluation form, Client demographic information form*

(3.13) **CBHS** – Request for approval of a retroactive contract renewal with Westside Community Mental Health Center, Inc., in the amount of $1,700,205 per year, for a total contract amount of $3,808,459, which includes a 12% contingency, to provide a Single Point of Responsibility program serving severely mentally ill adults, for the period of July 1, 2005 through June 30, 2007.
** Contract summary, Program performance update, Monitoring report summary, Plan of correction, Client demographic information form*

(3.14) **CBHS** – Request for approval of a retroactive contract renewal with Regents of the University of California, on behalf of the UCSF Clinical Practice Group, in the amount of $2,954,497 per year, for a total contract amount of $6,618,073, which includes a 12% contingency, to provide a Single Point of Responsibility program serving severely mentally ill adults, for the period of July 1, 2005 through June 30, 2007.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.15) **CBHS** – Request for approval of a retroactive contract renewal with Conard House, Inc., in the amount of $7,921,514, to provide residential, outpatient, supportive housing and vocational training mental health services, for the period of July 1, 2005 through December 31, 2006.
** Contract summary, Monitoring report summaries, Monitoring report update, Client demographic information forms*

(3.16) **CBHS** – Request for approval of retroactive contract renewal with the Edgewood Center for Children and Families, in the amount of $6,157,478 per year, for a total contract value of $6,157,478, to provide mental health services for the period of July 1, 2005 through December 31, 2006.
** Contract summary, Monitoring report summaries, Plan of Correction, Recommendation Follow-up memos, Client demographic information forms*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **FOR DISCUSSION AND ACTION:** **CONSIDERATION OF A RESOLUTION REGARDING ST. LUKE'S/CALIFORNIA PACIFIC MEDICAL CENTER**
**Resolution*

6) **FOR DISCUSSION AND ACTION:** **CHARITY CARE REPORT FOR FISCAL YEAR 2004**
(Anne Kronenberg, Deputy Director of Health, Director, Office of Policy and Planning and Alicia Neumann, Health Program Planner)
**Report, Attachments, Resolution*

7) **FOR DISCUSSION:** **ANNUAL ENVIRONMENTAL HEALTH REPORT ON REGULATORY ACTIVITIES**
(Rajiv Bhatia, M.D., Director, Environmental Health Section)
**Report*

8) **PUBLIC COMMENT/OTHER BUSINESS****

9) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy
Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San

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In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

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Lee Ann Monfredini
President

Roma P. Guy, M.S.W
Vice President

Edward A. Chow, M.D.
Commissioner

James M. Illig
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

Donald E. Tarver, II, M.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.sfdph.org

MINUTES

HEALTH COMMISSION MEETING

Tuesday, December 6, 2005
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

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1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:15 p.m.

Present:
Commissioner Lee Ann Monfredini, President – left at 5:30 p.m.
Commissioner Roma P. Guy, M.S.W., Vice President
Commissioner Edward A. Chow, M.D.
Commissioner James M. Illig
Commissioner Donald E. Tarver, II, M.D.
Commissioner John I. Umekubo, M.D.

Absent:
Commissioner David J. Sanchez, Jr., Ph.D.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF NOVEMBER 15, 2005

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Tarver, Umekubo) approved the minutes of the November 15, 2005 Heath Commission meeting, with two corrections. The first paragraph of page 13 was changed to include all of the attendees from CPMC, and the Secretary's Note for Item 3.18 was changed to June 30, 2006.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Illig chaired and Commissioner Chow attended the Budget Committee meeting. Commissioner Sanchez was absent.

(3.1) **PHP-Community Behavioral Health Services** – Request for approval to accept and expend funds from the SAGE Project, for evaluation of a Center for a Substance Abuse Prevention project focusing on substance abuse, HIV and Hepatitis prevention, in the amount of $205,000, for the period of September 30, 2005 to September 29, 2010.

(3.2) **PHP-Housing and Urban Health** – Request for approval to accept and expend a grant from the Department of Justice, in the amount of $739,982, to expand the Direct Access to Housing program, for the period of July 1, 2005 to June 30, 2006, and approval of a contract with the Tenderloin AIDS Resource Center, in the amount of $505,308, for the same period.

(3.3) **DPH-Central Administration** – Request for approval of a contract modification with P.B. Strategies, LLC, in the amount of $331,087, for a new two-year total of $694,126, which includes a 12% contingency, to provide strategic planning, project management and capital integration services for the Department, for the period of July 1, 2005 through June 30, 2007.

> Secretary's Note – the contract modification amount is $192,343, and the two-year contract total is $731,841.

(3.4) **AIDS Office-HIV Prevention** – Request for approval of a retroactive renewal contract with the Harm Reduction Coalition, in the amount of $84,000, which includes a 12% contingency, to provide HIV Prevention skills-building training services to HIV/AIDS service providers, for the period of July 1, 2005 through June 30, 2006.

(3.5) **AIDS Office-HIV Prevention** – Request for approval of a retroactive renewal contract with Better World Advertising, in the amount of $175,840, which includes a 12% contingency, to provide the "HIV Stops With Me" prevention education/social marketing campaign, for the period of October 1, 2005 through December 31, 2005.

(3.6) **CBHS** – Request for approval of a contract renewal with Sunny Hills Children's Garden Family and Children's Services, in the amount of $591,756, to provide mental health services for youth ages 12 through 18, for the period of July 1, 2005 through December 31, 2006.

Commissioners' Comments

- Commissioner Chow asked why the agency received a score of 2.5 in Program Performance. Ms. Chan-Sew said that the agency inaccurately calculated units of services, and the search for parental or kin participation in family therapy has been challenging. Commissioner Chow asked what will be done with Family Therapy Services. Barry Feinberg, Sunny Hill chief operating officer, said they have put together ambitious outreach and mechanisms to get families involved.

(3.7) **CBHS** – Request for approval of a retroactive contract renewal with the Fred Finch Youth Center, in the amount of $315,257, to provide therapeutic behavioral services and dual diagnosis mental health services for adolescents, for the period of July 1, 2005 through December 31, 2006.

- Commissioner Chow clarified that the concerns about performance were related to the residential program, and that this year we are not contracting for these services. Ms. Chan-Sew said the residential program would be closed because funding for Level 14 programs is inadequate. Ms. Chan-Sew added that there is a high demand for Level 14. DPH will have to refer to other places, some to Sunny Hill, some to Seneca and elsewhere.

- Commissioner Illig said that whenever an agency has a needs improvement score, the contract summary needs to include an explanation.

(3.8) **DPH-Office of Policy and Planning** – Request for approval to retroactively accept and expend a two-year contract from California Managed Risk Medical Insurance Board, in the amount of $4,378,351, for the Healthy Kids Project, for the period of July 1, 2005 through June 30, 2007.

Commissioners' Comments

- Commissioner Illig asked if this revenue goes back into DPH. Mr. Soos said he has been informed by the CFO that that the revenue would come back to DPH and posted as excess revenue, and then be returned to the General Fund.

(3.9) **CHN-SFGH** – Request for approval of two new retroactive contracts with Crdentia Corporation and First Call Nursing Services, Inc., in the amount of $2,700,000, to be shared with previously approved contractors: Agostini Medical Staffing, Arcadia Health Services, Inc., HRN Services, Inc., Medstaff, Inc., Nurse Providers, Inc. and United Nursing International, to provide supplemental, temporary Per diem and Traveling nursing personnel services for San Francisco General Hospital Medical Center, for the period of November 15, 2005 through June 30, 2006.

Commissioners' Comments

- Commissioner Illig asked if the national firm complies with 12B. Darius Zubrickas from Crdentia said yes. The benefits were already in place for the San Francisco branch, but now the benefits extend to all Credentia employees.

(3.10) **AIDS Office-HIV Prevention** – Request for approval of a retroactive new contract with Tenderloin AIDS Resource Center, in the amount of $135,165, including a 12% contingency, to provide Prevention with Positives Program services in a clinical setting, for the period of August 1, 2005 through June 30, 2006.

(3.11) **AIDS Office-HIV Health Services** – Request for approval of a retroactive new contract with Patricia Sullivan Consulting, in the amount of $149,744, which includes a 12% contingency, to provide professional consultation services to support the Community of Color Community-Based Organizations Capacity-Building Project, for the period of August 1, 2005 through July 31, 2006.

> Secretary's Note – this contract was continued to the December 13, 2005 Health Commission meeting.

(3.12) **AIDS Office-HIV Prevention** – Request for approval of a retroactive new contract with Patricia Sullivan Consulting, in the amount of $75,661, which includes a 12% contingency, to provide professional consultation services to support the Transgender Capacity Building – In-Depth Needs Assessment and Clinical Best Practices Development program, for the period of September 30, 2005 through September 29, 2006.

> Secretary's Note – this contract was continued to the December 13, 2005 Health Commission meeting.

(3.13) **CBHS** – Request for approval of a retroactive contract renewal with Westside Community Mental Health Center, Inc., in the amount of $1,700,205 per year, for a total contract amount of $3,808,459, which includes a 12% contingency, to provide a Single Point of Responsibility program serving severely mentally ill adults, for the period of July 1, 2005 through June 30, 2007.

Commissioners' Comments

- Commissioner Illig asked how the program would be evaluated. Mr. Batonbacal, Director of CBHS Adult Services, said DPH commissioned a five-year study to evaluate this program to look at whether the program resulted in reduced costs to the system. In addition, CBHS has embarked on a program review redesign process where they will take a better look at outcomes and timely performance review reports. Commissioner Illig asked why there is a cost differential between Westside & UCSF. Mr. Batonbacal said the different is approximately $1,500 per patient. Commissioner Illig said the Health Commission would be very interested in the results of the five-year study, perhaps through a joint conference committee.

- Commissioner Chow asked what Assertive Community Treatment is. Dr. Boles, Westside Executive Director, said it is San Francisco's attempt to implement a national model to identify clients that are costly to the system and develop an individualized, wrap around treatment plan to keep individuals out of the hospital. This is a very intensive program. Dr. Boles said they are working with DPH to revise outcome objectives to reflect individual client improvements, rather than things such as number of visits.

(3.14) **CBHS** – Request for approval of a retroactive contract renewal with Regents of the University of California, on behalf of the UCSF Clinical Practice Group, in the amount of $2,954,497 per year, for a total contract amount of $6,618,073, which includes a 12% contingency, to provide a Single Point of Responsibility program serving severely mentally ill adults, for the period of July 1, 2005 through June 30, 2007.

Secretary's Note – Commissioner Tarver abstained from voting on this item.

(3.15) **CBHS** – Request for approval of a retroactive contract renewal with Conard House, Inc., in the amount of $7,921,514, to provide residential, outpatient, supportive housing and vocational training mental health services, for the period of July 1, 2005 through December 31, 2006.

Commissioners' Comments

- Commissioner Illig asked if there are plans to expand the board beyond five members. Richard Heasley, Executive Director of Conard House, said that board development has been an ongoing process, and they are always recruiting new board members. They have had a lot of difficulty exceeding five or six. Board members have to spend at least four hours a month on board activities.

(3.16) **CBHS** – Request for approval of retroactive contract renewal with the Edgewood Center for Children and Families, in the amount of $6,157,478 per year, for a total contract value of $6,157,478, to provide mental health services for the period of July 1, 2005 through December 31, 2006.

Action Taken: The Health Commission (Chow, Guy, Illig, Monfredini, Tarver, Umekubo) approved the Budget Committee Consent Calendar. Items 3.11 and 3.12 were continued to the December 13, 2005 Health Commission meeting. Commissioner Tarver abstained from voting on Item 3.14.

4) DIRECTOR'S REPORT

Anne Kronenberg, Deputy Director of Health, presented the Director's Report.

AMA Hospital Recognition Program

Late last month, the American Medical Association recognized San Francisco General Hospital Medical Center for developing exemplary programs to improve communication between health care professionals and patients. SFGHMC is one of eight hospitals nation-wide to receive the honor, and was selected as part of the AMA Ethnical Force Program's Patient-Centered Communication Initiative. SFGHMC's patient-centered communication programs span a wide range of endeavors such as enhancing chronic disease care, promoting shared decision-making and coping with illness, developing efficient systems to improve medical interpretation, targeting bi-lingual/bi-cultural concordance in mental health care, and assisting immigrants and refugees in a healthy beginning.

The diversity of patients at SFGHMC is reflective of the diversity of San Francisco and effective health care communication is critical to ensure positive health care outcomes for SFGHMC's patient population. Language barriers, low health literacy levels and cultural difference can all affect the quality of care that patients receive. This latest recognition reflects the high quality standard of care that has become a SFGHMC tradition.

End of West Nile Virus Season

In the ironic realm of prevention as it relates to public health, you know you've done a good job when nothing happens. Dr. Katz is therefore pleased to report that West Nile Virus season has ended and San Francisco had no reported cases of this infection in humans from a local source. Three San Francisco residents became infected with the virus—two contracted the disease from the Sacramento area and one from out of State. Dr. Katz thanks Dr. Rajiv Bhatia and the great staff of the Environmental Health Division as well as the other City departments that worked to coordinate the West Nile Virus Prevention plan including the Department of Public Works, the Recreation & Parks Department, the Public Utilities Commission, the Department of the Environment and the Fire Department. Of course it is possible to have a case post season and of even greater concern is preventing human cases again next year.

Marc Trotz to Receive Francis J. Curry Award

Dr. Katz reported that Marc Trotz, Director of Housing and Urban Health for DPH, has been named as a recipient of the 2006 Dr. Francis J. Curry Award. Dr. Curry was a creative and innovative Director of Public Health who championed low income, underserved populations in San Francisco. The Curry Award is given each year to an individual or organization that demonstrates Dr. Curry's values in action. Previous winners have included Rep. Nancy Pelosi, Senator Diane Feinstein and Supervisor Sue Bierman. In naming Marc Trotz this year's recipient, the Curry Senior Center cited his "vision, approach and stewardship in developing permanent supportive housing for homeless seniors...and his leadership in implementing the Mayor's Ten Year Plan, the outstanding work he has championed in his role and his commitment to collaboration with community groups, government entities, and service providers." Marc will receive the award in late March 2006. He shares the award with Dariush Kayhan, Department of Human Services. Dr. Katz congratulated Marc for this prestigious award.

US Trade Representative Advisory Committee

Mele Lau Smith of the Tobacco Free Project has been invited to be nominated to serve on the advisory committee to the US Trade Representative (USTR). The US is currently negotiating trade agreements with significant implications for altering domestic U.S. laws and policies, as well as those of our trading partners. Public health groups have advocated that there be public health representatives represented on the advisory committee to the USTR to ensure that public health impacts are taken into account in developing U.S. trade policy. Dr. Katz is confident that Ms. Smith will be a strong voice in representing public health interests on this advisory committee.

Commissioners' Comments

- Commissioner Illig asked who gives the Francis Curry Award. Ms. Kronenberg said the Curry Senior Center gives the award.
- Commissioner Monfredini asked what the census is at SFGH. Ms. O'Connell said today's census is 319. Ms. O'Connell acknowledged the efforts of Liz Gray, DPH Director of Placement, for her work in getting people out of SFGH and into community placements.
- Commissioner Illig asked if the private hospitals took any patients from SFGH. Ms. O'Connell said that UC and CPMC were also full at the same time as SFGH. St. Mary's has willingly responded to SFGH's requests.

5) CONSIDERATION OF A RESOLUTION REGARDING ST. LUKE'S/CALIFORNIA PACIFIC MEDICAL CENTER

President Monfredini said this is the first time the Health Commission is considering a resolution like the one being considered today, and read the resolution.

Commissioners' Comments

- Commissioner Monfredini is pleased with the resolution and thanked commissioners for their input.
- Commissioner Tarver said the resolution captures the essence of the Health Commission's discussion, and is an affirmation of the Health Commission's expectations.

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Tarver, Umekubo) amended the resolution to add "outpatient services" to the fifth whereas clause.

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Tarver, Umekubo) approved Resolution #17-05, "Resolution Regarding the Merger of California Pacific Medical Center and St. Luke's Hospital," as amended (Attachment A).

6) CHARITY CARE REPORT FOR FISCAL YEAR 2004

Anne Kronenberg, Deputy Director of Health, Director, Office of Policy and Planning and Alicia Neumann, Health Program Planner, presented the FY 2004 Charity Care Report. This is the fourth

Charity Care Report Summary pursuant to the Charity Care Ordinance, and was prepared with the participation of the Charity Care Report Working Group, which represents the following charity care stakeholders in San Francisco: California Pacific Medical Center, Consumers Union, Health Access, the Hospital Council of Northern and Central California, Kaiser Permanente Medical Center, Operation Access, Saint Francis Memorial Hospital, San Francisco Community Clinic Consortium, the San Francisco Department of Public Health, Service Employees' International Union (SEIU) Local 250, St. Luke's Hospital, St. Mary's Medical Center, and the University of California, San Francisco Medical Center.

San Francisco's Charity Care Ordinance focuses on one type of community benefit, charity care, which is defined as the provision of health care services without expectation of reimbursement to those who cannot afford to pay. The Ordinance includes two requirements for nonprofit hospitals: first, to notify patients of their charity care policies; and second, to report to the Department of Public Health specific information about the charity care that they provide.

Ms. Neumann presented the data from the 2004 Charity Care Report, including information about applications/requests for charity care, the number of unduplicated patients who receive charity care, the number and type of services and the cost and expenditures. In general, Fiscal Year 2004 shows increased expenditures and decreased applications, patients and services due to reported improvements in data collection. For Fiscal Years 2001-2004, outpatient is increasing as a percentage of total charity care, while emergency services are decreasing. Ms. Neumann noted that SFGH's reporting of charity care expenditures now includes the SF Behavioral Health Center.

DPH analyzes hospital charity care by location, size and non-profit tax benefits. In general, charity care shows a correlation with only patient location, not hospital size or non-profit benefits. For Fiscal Years 2001-2004, tax benefits are increasing faster than charity care.

Findings and Recommendations

- Hospitals should continue to pursue creative approaches to increase outpatient charity care, especially for residents of Bayview/Hunters Point, Potrero Hill, Tenderloin, Civic Center and Bernal Heights, Mission.

- The Department of Public Health and San Francisco's hospitals should promote the institutional reforms and community benefits reporting recommended by the Public Health Institute in its demonstration project, Advancing the State of the Art in Community Benefit.

- The Charity Care Report Working Group should continue to expand its discussion to increase and improve the provision of charity care to poor, uninsured and underinsured San Franciscans. There are four areas they would like to focus on next year: coordination and consistency in charity care services and reporting; expansion of services through existing facilities and infrastructures; increased physician participation in the provision of charity care; and coordination and consistency in community benefits reporting.

Gene O'Connell, SFGH CEO and co-chair of the Hospital Council and Ron Smith, Hospital Council Regional Vice President, gave an update on San Francisco hospitals' commitment to vulnerable San Franciscans. Every San Francisco hospital has responded to the Health Commission's recommendation, in its December 7, 2004 resolution, that hospitals increase the provision of outpatient charity care services in high-risk neighborhoods. After that resolution was adopted, all 11 hospital CEOs immediately met with SF Clinic Consortium and city clinic leaders and established monthly meetings. Hospitals met with numerous community groups such as St. Anthony's Foundation and adult day care centers to determine need. They reviewed current programs to improve and increase funding and hospitals supported 110 programs in the targeted neighborhoods. Mr. Smith updated the Commission on the African American Health Disparity Project, including a $1 million allocation to treat prostate cancer. Mr. Smith noted that every hospital is represented at the Health Commission meeting. Mr. Smith gave examples of hospitals' projects, including: $500,000 from UCSF for imaging services; $2.4 million from CPMC for specialty physician services for Clinic Consortium clients; more than $2 million from St. Mary's for clinic and hospital services; more than $1 million from St. Francis for services to Glide Clinic; $1.18 million from Kaiser Permanente in safety-net partnership with Clinic Consortium and DPH to improve chronic care management; more than 4,000 patient visits to St. Luke's diabetes center; 12,000 services provided by Chinese hospital through the Chinese Community Health Resource center; and VA Medical Center is relocating and expanding its service center for the homeless to a more convenient location on 3rd Street.

San Francisco's Charity Care Ordinance focuses on the specific type of community benefit defined as charity care. Other activities that are considered community benefits include such voluntary and involuntary activities as health promotion and education; financial or in-kind support of public h[illegible] medical education; research; and the difference between cost and reimbursement for services provided to beneficiaries of public insurance programs, such as Medi-Cal. However, there is no standard definition of these activities, which precludes consistent reporting of community benefit across hospitals. The report includes a summary of hospitals' community benefits activities, w[illegible]ted by hospital representatives:

- Jeffrey Sterman, Kaiser Hospital, introduced Mike Alexander, Kaiser CEO. Mr. Sterman said Kaiser is now taking a look to see what they could do to augment Kaiser's decline in charity care, which is partially due to ambulances not bringing indigent patients to Kaiser. He distributed a copy of the 2005 community benefit plan (on file in the Health Commission Office). Kaiser has a long-standing partnership with community clinics, and is working with them on various initiatives including chronic disease management. Kaiser is in conversation with the Mayor's Office, SF Health Plan and DPH to discuss advancing programs.

- Kieren Flaherty, Director of Local Governmental Relations, UCSF, said that the Health Commission's direction last year was very helpful in allowing UCSF and other hospitals focus their scarce resources on areas of greatest needs. UCSF is committed to the charity care process and is looking at developing a traditional community benefits program that mirrors what other hospitals do. Mr. Flaherty introduced Susan Moore from UCSF.

- Barry Lawlor, Director of Community Health, St. Mary's Medical Center, said different hospitals come with different specialties and abilities, and St. Mary's has been fortunate to have the Sister Mary Philipa clinic. The zip code data has allowed St. Mary's to identify patients that could be served by Sister Mary Philipa but were instead going to SFGH. He has worked closely with SFGH over the past year to address this issue. He also discussed the St. Mary's McAuley adolescent behavioral unit, which is the only inpatient psychiatric program for youth in San Francisco.

- Abby Yant, St. Francis Memorial Hospital, said a shared accomplishment is the development of the DPH/CHW partnership. The LCR is now available in St. Francis's emergency room, which has been helpful to patients. St. Francis has worked with DPH to provide other services; one on-going discussion is psychiatric services. St. Francis awarded

$100,000 to four community clinics: Glide, St. Anthony's, Curry Senior Center and South of Market. This contribution was one part of a $500,000 donation from St. Francis to the community. She emphasized the recommendation to work with the Public Health Institute. This is a wonderful initiative.

- Terry Giovannini, Director of Community Health Programs at CPMC, introduced Jim McCaughey, Vice President of Planning and Business Development, and said that CPMC took the Health Commission's recommendation to heart last year to look at innovative ways to serve outpatients in areas that have demonstrable need for care. It is CPMC's role as a non-profit institution to serve the community, and one way they are doing so is through their charity care partnership fund. Many services are offered that represent millions of dollars of efforts but are not counted as charity care. CPMC is committed to increasing access.

- Jim Hickman, president of St. Luke's Hospital Foundation, put a personal face on charity care by describing the work of a respiratory therapist at St. Luke's. He also recognized Carla Rodriguez from St. Luke's.

- Dick Hodgson, San Francisco Community Clinic Consortium, thanked Anne Kronenberg for her leadership on the Charity Care Working Group, and for recognizing the full range of community benefits. He also thanked the Hospital Council for spearheading the meeting between hospital CEOs and the Community Clinic Consortium. Together they can make a dent in the problem of the growing uninsured population.

Commissioners' Comments

- Commissioner Monfredini thanked Ms. Kronenberg for her leadership. In addition, she applauded the commitment of every single hospital to participate in the monthly working group meetings.

- Commissioner Guy thanked the leadership around this issue, from DPH and all the hospitals. This collaboration has been several years in the making. It is really helpful that the hospitals focused on the clinical aspects of their initiatives. This allows for an evaluation of impact over time. She wants to acknowledge that, with the growing number of people without health insurance, primary care and clinical care efforts would not result in decreased emergency visits. This is a challenge, and the report elucidates this.

- Commissioner Umekubo is gratified to see all the hospitals come together. If we can identify common problems and pool resources, the impact could be greater. Please keep the dialogue going.

- Commissioner Illig asked if patients must apply for charity care. Ms. Neumann said that patients must apply. They can apply for charity care after services have been provided. Commissioner Illig said it is important to look at the issue of underinsured, as well as uninsured. Because this demonstrates that hospitals are providing services that are not fully reimbursed but do not meet the definition of charity care. He is also glad to see the data on the direct grants provided by the hospitals. He was surprised to see that St. Luke's was able to give away $3.5 million while at the same time losing $21 million. Mr. Hickman replied that this was a one-time disbursement of endowment funds.

- Commissioner Chow is very pleased with the report. A year ago the Public Health Institute convened the conference that the resolution alludes to. This was a process that potentially allowed for a uniform manner of recognizing community services that responded to uninsured and underinsured. He attended that conference and believes that this could be a framework that San Francisco hospitals use to report services. He commends to the Commission that while they may not have process details, pursuing this effort is worthwhile.

- Commissioner Tarver said that while the VA hospital is not required to report charity care, have they been approached about voluntarily participating. Ms. Kronenberg said they were invited to join the group, but did not participate this past year. She will approach them again. Commissioner Tarver said that medical groups are a key component of the health care delivery system and it would be good if some of their data could be captured. Commissioner Tarver asked how the Department, the working group and the public track the impact that increased efforts have on health outcomes, i.e. reduced rates of prostate cancer. Ms. Kronenberg said the group would think about how to evaluate outcomes at its upcoming meetings. Commissioner Tarver said this collaborative effort has resulted in new services. He encouraged the group to look at all of the monies that are available to geographic areas, including DPH civil service programs, and all these efforts should be collaborative. He also asked the group to consider how to expand notification to patients that charity care is available. He said that CPMC has such a large share of inpatient beds, has large charity care expenditures, but the percentages, compared to licensed beds and tax benefit, is not as large. He will be looking at how CPMC would be expanding that effort. Jim McCaughey, CPMC, said CPMC recognizes that the number of beds does not correlate to charity care because of barriers to accessing these beds. They will be working on reducing these barriers throughout the coming year. Commissioner Tarver noted that the ethnic breakdown of CPMC's charity care cases is not reflective on the community. This is not surprising, but in the future he would like to see CPMC report on how they reach other ethnicities, including African American and Latino populations. Mr. McCaughey said they would be working on both the application denials and ethnic breakdown.

- Commissioner Monfredini said that violence has increased over the past years, and is clearly a public health issue. She asked the working group to consider violence prevention, outreach, response and other initiatives as an area to focus on. Mr. Smith said the Hospital Council has discussed this at great length and would like to talk to the Health Commission about this further.

Action Taken: The Commission approved Resolution #18-05, "Supporting Recommendations Contained in the Fiscal Year 2004 Charity Care Report," (Attachment B).

7) ANNUAL ENVIRONMENTAL HEALTH REPORT ON REGULATORY ACTIVITIES

Rajiv Bhatia, M.D., Director, Environmental Health Section, presented the annual update on EHS regulatory activities. Environmental Health is responsible for environmental health broadly in San Francisco. They have four major divisions: Environmental Health Regulatory Programs; Children's Environmental Health; Occupational Health; and the Program on Health Equity and Sustainability. The focus of today's presentation is on regulatory programs. The programs constitute the largest share of Environmental Health resources and staff, are a mandated county responsibility, involve innovative practices and projects, and require day to day collaboration among Environmental Health, DPH and sister institutions.

Dr. Bhatia said that 2005 was a challenging year because there was a reduction in administration of staff at the same time that new programs were added to environmental health. New programs: massage program; retail tobacco program; weights and measures program; agriculture programs; pesticide enforcement program; and Proposition 65 enforcement. Dr. Bhatia introduced members of his staff, each of whom presented regulatory program highlights.

Lisa O'Malley – Symbol of Excellence for Food Safety
Last Year, the Board of Supervisors established a Symbol of Excellence Program to recognize high standards of food safety. Health Inspectors calculate a score based on violations found through inspection. Food establishments are required to post current inspection report on the premises. Environmental Health will soon begin awarding a Symbol of Excellence to establishments where three consecutive unscheduled inspections result in scores greater than 90.

Environmental Health pilot tested a team approach to food safety compliance education in Chinatown this year, which was very successful. Environmental Health anticipates this program may become a model for a citywide compliance education program.

Tom Rivard – Evaluating San Francisco's Emergency Siren system
The City is required to have an emergency siren system. Background noise affects effectiveness. Environmental Health is uniquely qualified to evaluate these systems, and it enforces the City's Noise Control Ordinance through its Noise Program. The Noise Program supports OES and DTIS in evaluating the acoustical coverage and design of the outdoor emergency warning system.

Virginia St. Jean – Development of the Green Programs
One example of a Green Program is the work that was done around body shops. Body shops regulated by DPH have great potential to reduce toxics. Environmental Health developed best practice guidelines for the industry. It did outreach and training to San Francisco-area businesses, then gave Clean and Green Awards to compliant businesses. There will be evaluation and broader use of guidelines in the region.

Helen Zverina – Success in Mosquito Control
Environmental Health coordinates and monitors the City's preparation and response to West Nile Virus. A network of local public agencies has joined with DPH and community stakeholders to develop mosquito prevention efforts. The State awarded Environmental Health with funding for additional mosquito control technicians, equipment and supplies. There were three West Nile cases in 2005. Next year, the Department will be able to test dead birds in-house, thereby avoiding the usual 2-week wait for results from the lab at UC Davis. DPH is developing structural mosquito and rodent control via the Health Code.

Karen Cohn and Joe Walseth – Preventing Lead Poisoning through Candy.
Some candy products from Mexico contain lead, and results in potentially significant exposure. EHS developed a community outreach strategy based on local survey data to educate the community and generate interest in the community for doing something about the problem. They notified potential retailers about the potential hazards. At Environmental Health's request, the Board of Supervisors approved a resolution encouraging swifter DPH and federal and state agency actions.

Dr. Bhatia – Improved Housing Conditions for Tenants of Residential Hotels
SRO health issues include crowding, insufficient bathrooms and kitchens, repeated code violations, noise and tobacco smoke. Every year the violations are corrected, and every year they occur. The

voices have been getting louder, and complaints more numerous. The Department has been asked by the SRO Task Force to have a response. He presented the spectrum of DPH's response, which includes fines and penalties, structural pest exclusion, property owner Health Code training, SRO structural & operational changes, city vector control plan and tenant education and communication.

Dr. Bhatia said that Environment Health activities enhance wellness, and allow San Franciscans to have a higher quality of life. The Health Commission could help in this effort by asking the question to other entities in San Francisco: how are your efforts enhancing or detracting from the health of San Franciscans? One potential is to hold joint hearings with the Planning Commission and other commissions to talk about issues that overlap both departments.

Commissioners' Comments

- Commissioner Guy reiterated that the focus of this report was on the mandated, regulatory programs, which are not often highlighted and recognized. These efforts contribute to our health and wellness.

- Commissioner Tarver appreciates the staff efforts across a broad swath of responsibility. The food safety efforts are very concrete, as well as the Clean and Green programs. He asked how these efforts are communicated to the media in a positive way. Dr. Bhatia said there is a green program website, a multiple-county listing of green businesses, and periodic media references. Commissioner Tarver commended the SRO efforts and asked if additional legislative, budget or other resources are needed to make SROs safer and cleaner.

- Commissioner Umekubo asked how the issue of lead in Mexican candy was initially identified. Dr. Bhatia said it is the FDA's responsibility to ensure that food that is imported is safe. They discovered through testing approximately 10 years ago that Mexican candy is unsafe, and then the State recognized this. But nothing was done except a letter of warning to the industry. So local action was taken. Commissioner Umekubo said there is a similar problem with mercury in fish—different State and Federal standards, extensive lobbying, etc.

- Commissioner Illig asked if medical marijuana permitting is part of Environmental Health's responsibility. Dr. Bhatia said that DPH has 18 months to develop regulations, in concert with sister departments and the industry. Then the regulations have to be published. They need to hire a staff person. Once the regulations are approved, they will be accepting applications. Commissioner Illig asked if this activity would be sustained by fees. Dr. Bhatia said they've estimated a $3,000 application fee and an annual inspection fee to cover the full costs. Commissioner Illig would like the Health Commission to consider joint meetings with other commissions, such as the Planning Commission.

- Commissioner Chow supports the idea of joint meetings to discuss areas of common interest. He is concerned but not surprised with the federal government's inattention to lead in candy. He is also concerned about the conditions in SROs, particularly the cycle of recurring violations. Perhaps DPH should investigate more frequently than once a year. Commissioner Chow has been involved in rodent abatement effort in District 3. This effort required community buy in. The SRO issue also requires cooperative efforts, among different city agencies and the community. He also wants to understand the new requirements around tobacco enforcement, and do we know if the efforts actually result in decreased smoking. Dr. Bhatia said that there is a behavioral survey of youth smoking done nationally, and this provides periodic data. A new element of the enforcement program is to revoke the permit for establishments that are caught selling tobacco to minors. This effort will also give data in the next few years.

8) PUBLIC COMMENT/OTHER BUSINESS

Michael Lipson spoke about lead paint in his apartment. He and his wife became aware last March of a program through the Mayor's Office of Housing for a free lead paint inspection, which they participated in. The inspection in June uncovered lead hazards in their flat. DPH issued an abatement order, with a deadline of July 29th. It has been a struggle, intensified by an uncooperative landlord, to get a safe living environment, and DPH has not provided an adequate response. DPH punted them to DBI, who referred them back to DPH. The lead remediation effort has been inadequate. They brought in their own inspector. His wife and baby have been unable to live in the apartment. His requests have been ignored. He is looking for enforcement of the abatement order. Dr. Katz said DPH has the most expertise around lead. The city's system for dealing with things like lead is bureaucratic and frustrating. Commissioner Monfredini connected the family with Rajiv Bhatia, who will follow up on the Lipson's specific case.

9) ADJOURNMENT

The meeting was adjourned at 6:35 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be reflected in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

Health Commission
City and County of San Francisco
Resolution No. 17-05

RESOLUTION REGARDING THE MERGER OF CALIFORNIA PACIFIC MEDICAL CENTER AND ST. LUKE'S HOSPITAL

WHEREAS, in October 2005 the Boards of Directors of St. Luke's Hospital and California Pacific Medical Center (CPMC) approved an affiliation agreement whereby St. Luke's would become the fourth campus of CPMC; and

WHEREAS, St. Luke's has a 150-year history of serving the South of Market and Mission neighborhoods and has been an integral part of San Francisco's health care safety net; and

WHEREAS, it is CPMC's and St. Luke's belief that without the merger St. Luke's could not continue to operate; and

WHEREAS, closing St. Luke's Hospital, or reducing its level of service from a full-service acute care hospital, will further exacerbate the dearth of health care services in the Southeast sector of the City.

WHEREAS, the closure of St. Luke's psychiatric inpatient and outpatient services has resulted in a deficit of mental health services in San Francisco, and particularly in the Southeast sector of the City, and it would be beneficial if CPMC restored behavioral health services to the St. Luke's campus; and

WHEREAS, CPMC has committed to investing the resources necessary to revitalize St. Luke's; and

WHEREAS, as the fourth campus in the CPMC system, St. Luke's patients will have access to a full complement of care, including specialty services; and

WHEREAS, CPMC's revitalization efforts may result in changes to services at St. Luke's Hospital; and

WHEREAS, CPMC and St. Luke's have, in past presentations to the Health Commission, identified possible changes in services and highlighted challenging populations, for example the neonatal intensive care unit and the 60-bed sub acute care unit, and the Health Commission appreciates these challenges; and

WHEREAS, CPMC has committed to engaging with community stakeholders, including the Health Commission, the Mayor's Office, the Board of Supervisors, labor, community leaders, community agencies and hospital and health care center patients, in considering the future of St. Luke's; now, therefore, be it

Health Commission
City and County of San Francisco
Resolution No. 17-05 (continued)

RESOLVED, that the Health Commission supports and encourages efforts to revitalize St. Luke's Hospital such that it can continue its mission as an acute care hospital serving the vulnerable populations in the Southeast sector of San Francisco; and be it

FURTHER RESOLVED, that the Health Commission supports CPMC to engage in a public process, in partnership with the Health Commission and other community stakeholders, around any changes that occur at St. Luke's; and be it

FURTHER RESOLVED, that the Health Commission urges CPMC to support St. Luke's provision of charity care at no less than the current level; and be it

FURTHER RESOLVED, that the Health Commission urges CPMC to offer specialty referrals to St. Luke's campus patients from within its own system.

I hereby certify that the San Francisco Health Commission at its meeting of December 6, 2005 adopted the foregoing resolution.

Michele M. Seaton
Executive Secretary to the Health
Commission

Health Commission
City and County of San Francisco
Resolution No. 18-05

SUPPORTING RECOMMENDATIONS CONTAINED IN THE FISCAL YEAR 2004 CHARITY CARE REPORT SUMMARY

WHEREAS, in San Francisco, an estimated 83,000 people under the age of 65, or 12.5 percent of the non-elderly population, are uninsured; and,

WHEREAS, many of the uninsured rely on charity care services provided by hospitals to access needed primary and acute care services; and

WHEREAS, charity care is defined as the provision of health care services to those who cannot afford [illegible] without expectation of reimbursement; and

WHEREAS, [illegible] counties have an obligation to care for their most vulnerable residents; and

WHEREAS, [illegible] the Board of Supervisors passed Ordinance Number 163-01, the Charity [illegible] and Notice Requirement, (the Charity Care Ordinance), to enable [illegible] need for charity care in the community and to plan for the continued fulfillment of its responsibility to provide care to indigents; and

WHEREAS, nonprofit hospitals provide charity care as part of their broader social obligation to provide community benefits in the public interest; and

WHEREAS, the Charity Care Ordinance requires hospitals to report to the Department of Public Health specific information related to the amount of charity care they provide and to notify patients of the hospital's charity care policies; and

WHEREAS, the charity care information provided by hospitals helps the San Francisco Health Commission evaluate the utilization of charity care services and health care needs of our City's low-income, uninsured and underinsured populations; and

WHEREAS, the Charity Care Report Working Group, comprising San Francisco hospitals, the Hospital Council, Operation Access, the San Francisco Community Clinic Consortium, Service Employees International Union Local 250, and Consumers' Union, worked collaboratively on the preparation of the Fiscal Year 2004 Charity Care Report Summary; and

WHEREAS, in addition to reporting the charity care data provided by hospitals, the Fiscal Year 2004 Charity Care Report Summary also incorporates information from a variety of sources, including the California Office of Statewide Health Planning and Development, the 2000 Census, the 2003 California Health Interview Survey, the Building a Healthier San Francisco 2004 Community Health Assessment, the 2005 Saint Francis Memorial Hospital Community Needs Index, and the Public Health Institute's Advancing the State of the Art in Community Benefit Demonstration Project; and

Health Commission
City and County of San Francisco
Resolution No. 18-05 (continued)

WHEREAS, based upon data from these sources, the Fiscal Year 2004 Charity Care Report Summary finds that:

- Continued Increases in Outpatient Charity Care Will Benefit San Francisco;
- Promotion of the Public Health Institute's Demonstration Project Will Advance Community Benefits for Populations with Disproportionate Unmet Needs;
- Expanded Discussion within the Charity Care Report Working Group Will Promote More Effective Planning of Access to Healthcare; and

WHEREAS, in accordance with these findings, the Fiscal Year 2004 Charity Care Report Summary makes the following recommendations:

- Hospitals should continue to pursue innovative approaches to increase outpatient charity care, especially for residents of the following high-risk neighborhoods: Bayview/Hunters' Point, Potrero Hill; Tenderloin, Civic Center; and Bernal Heights, Mission;
- The Department and San Francisco's hospitals should promote the institutional reforms and community benefits reporting recommended by the Public Health Institute in its ongoing demonstration project, Advancing the State of the Art in Community Benefit;
- The Charity Care Report Working Group should continue to expand its discussions to increase and improve the provision of charity care to poor, uninsured, and underinsured San Franciscans; and now, therefore be it,

RESOLVED, that the San Francisco Health Commission recognizes the Charity Care Report Working Group for working together on the Fiscal Year 2004 Charity Care Report to create a more complete picture of charity care in San Francisco, and for engaging in the broader topic of improving access to needed health services for the City's underserved communities; and be it,

FURTHER RESOLVED, that the San Francisco Health Commission fully supports the recommendations put forth in the Fiscal Year 2004 Charity Care Report Summary and directs the Director of Health to work with San Francisco hospitals to implement these recommendations.

I hereby certify that the San Francisco Health Commission at its meeting of December 6, 2005 adopted the foregoing resolution.

Michele M. Seaton

Michele M. Seaton
Executive Secretary to the Health
Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Lee Ann Monfredini
President

Roma P. Guy, M.S.W
Vice President

Edward A. Chow, M.D.
Commissioner

James M. Illig
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

Donald E. Tarver, II, M.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.sfdph.org

AGENDA

HEALTH COMMISSION MEETING

Tuesday, December 13, 2005*
at
3:00 p.m.
CARR AUDITORIUM*
SAN FRANCISCO GENERAL HOSPITAL
1001 Potrero Blvd.
San Francisco, CA 94102

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PLEASE NOTE THE CHANGE IN LOCATION AND MEETING DATE FOR THE MEETING

The Budget Committee of the Commission will consider the consent calendar on this agenda at 1:30 p.m. at 101 Grove. The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.

Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF DECEMBER 6, 2005**
**Minutes of the meeting of December 6, 2005*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner James M. Illig)

Items for Approval

(3.1) **PHP-Communicable Disease Control and Prevention** – Request for approval to enter into a renewal of a performance agreement between Public Health Foundation Enterprises, Inc. and San Francisco Department of Public Health Communicable Disease Control and Prevention Section, in the amount of $288,426, for the period of December 30, 2005 to December 29, 2006.
** Request memo, Grant information form, Budget page*

(3.2) **AIDS Office-HIV Prevention** – Request for approval of a retroactive renewal contract with San Francisco Study Center, in the amount of $234,196, which includes a 12% contingency, to provide technical assistance and evaluation support services for HIV Prevention providers, SFDPH providers and the HIV Prevention Section, for the period of July 1, 2005 through December 31, 2005.
** Contract s[illegible] monitoring report summary, Client demographic information form*

(3.3) **CBHS** – Request for approval of retroactive contract modification with Asian American Recovery Services, in the amount of $268,737, for a total contract amount of $9,012,803, to provide fiscal intermediary services and management for mental health/substance abuse services, and for site approval for relocation of programs from 1663 Mission Street to 679 Bryant Street, for the period of July 1, 2005 through December 31, 2006.
** Contract summary, Meeting notices, Meeting minutes*

Items for Discussion and Approval

(3.4) **PHP-Housing and Urban Health** – Request for approval of a new contract with North and South Market Adult Day Health Corporation, in the amount of $184,800, which includes a 12% contingency, to provide adult day services and tenant supportive services for homeless, at-risk homeless, frail, elderly (age 62 years and above) residents at the new Mission Creek Senior Community Center, for the period of February 1, 2006 through June 30, 2006.
** Contract summary*

(3.5) **AIDS Office-HIV Health Services** – Request for approval of a retroactive new contract with Patricia Sullivan Consulting, in the amount of $155,635, which includes a 12% contingency, to provide professional consultation services to support the Community of Color Community-Based Organizations Capacity-Building Project, for the period of August 1, 2005 through July 31, 2006.
** Contract summary, Contract evaluation forms, Client demographic information form*

(3.6) **AIDS Office-HIV Health Services** – Request for approval of a retroactive new contract with Patricia Sullivan Consulting, in the amount of $75,661, which includes a 12% contingency, to provide professional consultation services to support the Transgender Capacity Building – In-Depth Needs Assessment and Clinical Best Practices Development program, for the period of September 30, 2005 through September 29, 2006.
** Contract summary, Contract evaluation forms, Client demographic information form*

(3.7) **CBHS** – Request for approval of a retroactive contract renewal with Bayview Hunters Point Foundation for Community Improvement, Inc., in the amount of $5,931,509, for a total contract amount of $6,643,290, which includes a 12% contingency, to provide substance abuse and mental health services targeting adults and children, for the period of July 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report summaries, Client demographic information forms*

(3.8) **CBHS** – Request for approval of a retroactive contract renewal with Walden House, Inc., in the amount of $8,264,519, to provide residential mental health and substance abuse treatment services, for the period of July 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report summaries, Program performance updates, Client demographic information forms*

(3.9) **CBHS** – Request for approval of a contract modification with Golden Bear Associates in the amount of $63,020 for a new total contract amount of $98,020, to provide technical assistance to Child, Youth and Family System of Care for the period of July 1, 2005 through June 30, 2006.
** Contract summary, Contract review*

(3.10) **CBHS** – Request for approval of a retroactive contract renewal with Catholic Healthcare West dba St. Mary's Hospital and Medical Center, for the provision of acute psychiatric inpatient hospital services, in the amount of 1) $120,000 per year in City funds targeting uninsured adolescents and 2) $3,093,539 per year, in Medi-Cal funds for all acute inpatient hospital providers targeting Medi-Cal beneficiaries, for a total contract amount of $5,398,746, for the period of July 1, 2005 through December 31, 2006.
** Contract summary, Monitoring report summary, Plan of correction, Client demographic information form*

(3.11) **CBHS** – Request for approval of a retroactive contract renewal with Catholic Healthcare West dba St. Francis Memorial Hospital, for the provision of 24-hour adult acute psychiatric inpatient hospital services, in the amount of 1) $50,000 per year in City funds, targeting uninsured adults and 2) $3,093,539 per year, in MediCal funds for all acute inpatient providers targeting MediCal adult beneficiaries, for a total contract amount of $3,717,100, (composed of $75,000 in City funds and $3,243,839 in MediCal funds) for the period of July 1, 2005 through December 31, 2006.
** Contract summary, Monitoring report summary, Plan of correction, Program review and follow-up report, Client demographic information form*

(3.12) **CBHS** – Request for approval of a retroactive contract renewal with Catholic Healthcare West dba McAuley Day Treatment, in the amount of $575,309 per year, for a total contract amount of $2,899,557, for the provision of acute psychiatric inpatient hospital services, for the period of July 1, 2005 through December 31, 2009.
** Contract summary, Monitoring report summary, Program update*

(3.13) **CBHS** – Request for approval of a retroactive contract renewal with Family Service Agency of San Francisco, in the amount of $5,521,291 per year, for a total contract amount of $8,281,937, for the provision of mental health services, for the period of July 1, 2005 through December 31, 2006.
** Contract summary, Monitoring report summary, Program update, Client demographic information form*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF DECEMBER**
**List of Awardees*

6) **FOR DISCUSSION:** **SAN FRANCISCO GENERAL HOSPITAL ANNUAL REPORT**
(Gene Marie O'Connell, SFGHMC Executive Administrator)
**Report*

7) **FOR DISCUSSION AND ACTION:** **APPROVAL OF A REVENUE SUPPLEMENTAL APPROPRIATION FOR SAN FRANCISCO GENERAL AND LAGUNA HONDA HOSPITALS**
(Gregg Sass, Chief Financial Officer)
**Supplemental Appropriation*

8) **PUBLIC COMMENT/OTHER BUSINESS****

9) **CLOSED SESSION – The closed session will be held in San Francisco General Hospital Conference Room 2A6. Public Comment for the closed session will be taken in Carr Auditorium.**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session

C) Closed session pursuant to Government Code Section 54957 and San Francisco Administrative Code Section 67.10(b)

PUBLIC EMPLOYEES PERFORMANCE EVALUATION:

DIRECTOR OF HEALTH,
MITCHELL H. KATZ, M.D.

D) Reconvene in Open Session

1) Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2) Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(a).) (Action Item)

10) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

San Francisco General Hospital Carr Auditorium is wheelchair accessible through the elevator at the main entrance on 22nd Street. There is a direct phone link located at the elevator for those who require assistance. There is accessible parking in the San Francisco General Hospital I Lot, which is adjacent to Carr Auditorium, and also on 22nd Street. The Hospital is accessible by wheelchair-friendly MUNI lines #9 San Bruno, #9X San Bruno Express, #19 Polk (stops 2 blocks away, #33 Haight Ashbury and #48 Quintera. For further information regarding MUNI transportation, please call 923-6142, 673-MUNI and 923-6366 (TDD).

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible. In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Adele Destro by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Ms. Destro or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm

Lee Ann Monfredini
President

Roma P. Guy, M.S.W
Vice President

Edward A. Chow, M.D.
Commissioner

James M. Illig
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

Donald E. Tarver, II, M.D.
Commissioner

John I. Umekubo, M.D.
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HEALTH COMMISSION

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MINUTES

HEALTH COMMISSION MEETING

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Tuesday, December 13, 2005
at
3:00 p.m.
CARR AUDITORIUM
SAN FRANCISCO GENERAL HOSPITAL
1001 Potrero Blvd.
San Francisco, CA 94102

1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:10 p.m.

Present:	Commissioner Lee Ann Monfredini, President Commissioner Roma P. Guy, MSW, Vice President Commissioner Edward A. Chow, M.D. Commissioner James M. Illig Commissioner David J. Sanchez, Jr., Ph.D. Commissioner Donald E. Tarver, II, M.D.
Absent:	Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF DECEMBER 6, 2005

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Tarver) approved the Health Commission meeting minutes from December 6, 2005 with two corrections. Commissioner Tarver abstained from voting on Item 3.13, not 3.14, as was stated in the minutes. On page 8 of the minutes, "Public Affairs Director" was included as Jeffrey Sterman's title.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Illig chaired, and Commissioner Sanchez and Commissioner Chow attended, the Budget Committee meeting.

(3.1) **PHP-Communicable Disease Control and Prevention** – Request for approval to enter into a renewal of a performance agreement between Public Health Foundation Enterprises, Inc. and San Francisco Department of Public Health Communicable Disease Control and Prevention Section, in the amount of $288,426, for the period of December 30, 2005 to December 29, 2006.

(3.2) **AIDS Office-HIV Prevention** – Request for approval of a retroactive renewal contract with San Francisco Study Center, in the amount of $234,196, which includes a 12% contingency, to provide technical assistance and evaluation support services for HIV Prevention providers, SFDPH providers and the HIV Prevention Section, for the period of July 1, 2005 through December 31, 2005.

(3.3) **CBHS** – Request for approval of retroactive contract modification with Asian American Recovery Services, in the amount of $268,737, for a total contract amount of $9,012,803, to provide fiscal intermediary services and management for mental health/substance abuse services, and for site approval for relocation of programs from 1663 Mission Street to 679 Bryant Street, for the period of July 1, 2005 through December 31, 2006.

Commissioners' Comments

- Commissioner Illig noted that the contract approval includes a site relocation, and there was no one at the meeting to speak to this item.

(3.4) **PHP-Housing and Urban Health** – Request for approval of a new contract with North and South Market Adult Day Health Corporation, in the amount of $184,800, which includes a 12% contingency, to provide adult day services and tenant supportive services for homeless, at-risk homeless, frail, elderly (age 62 years and above) residents at the new Mission Creek Senior Community Center, for the period of February 1, 2006 through June 30, 2006.

Commissioners' Comments

- Commissioner Chow asked what services North and South Market Adult Day Health Corporation would provide. Ms. Antonetty said the building already has support services, provided by Mercy, but DPH is going to enhance these services through a contract with North and South Market Adult Day Health Corporation, mainly at the adult day health center.
- Commissioner Sanchez said it is great to have this project in a mixed neighborhood. He asked if there has been any negative response from the community. Sharon Christen, Mercy Housing Project Director, said this project is a cooperative effort between the Redevelopment Agency and DPH to find a means to house disabled elders. There have been no neighborhood issues.
- Commissioner Illig asked if referrals come from Housing and Urban Health (HUH). Ms. Antonetty from HUH replied that for 51 of the 140 units, referrals would come from DPH through HUH, Community Behavioral Health Services and San Francisco and Laguna Honda hospitals.

(3.5) **AIDS Office-HIV Health Services** – Request for approval of a retroactive new contract with Patricia Sullivan Consulting, in the amount of $155,635, which includes a 12% contingency, to provide professional consultation services to support the Community of Color Community-Based Organizations Capacity-Building Project, for the period of August 1, 2005 through July 31, 2006.

(3.6) **AIDS Office-HIV Health Services** – Request for approval of a retroactive new contract with Patricia Sullivan Consulting, in the amount of $75,661, which includes a 12% contingency, to provide professional consultation services to support the Transgender Capacity Building – In-Depth Needs Assessment and Clinical Best Practices Development program, for the period of September 30, 2005 through September 29, 2006.

Secretary's Note – Items 3.5 and 3.6 were discussed together.

Commissioners' Comments

- Commissioner Chow asked how much Ms. Sullivan gets for administration of the contracts. Ms. Long replied that for the Community of Color Capacity Building contract, she receives approximately $21,000. For the Transgender Capacity Building it is approximately $6,300. Commissioner Chow asked the value of all the contracts Ms. Sullivan has with DPH. Ms. Long will get this information to the commissioners, but said that Ms. Sullivan is also the coordinator for the Quality Management Program, which is a $250,000 program.

- Commissioner Illig asked how many agencies are targeted through the Community of Color Capacity Building Project. Ms. Long said they are targeting 20 agencies throughout the San Francisco EMA. Commissioner Illig said Commissioner Tarver has suggested that the pre- and post-test instruments be developed this year and be made a key explicit undertaking to extend beyond the usual and subjective satisfaction surveys and measure outcomes. At the Health Commission meeting, Jimmy Loyce said that the AIDS Office would report to the Population Health and Prevention Joint Conference Committee in six months to update the on what outcomes were developed and how they are working in the community.

(3.7) **CBHS** – Request for approval of a retroactive contract renewal with Bayview Hunters Point Foundation for Community Improvement, Inc., in the amount of $5,931,509, for a total contract amount of $6,643,290, which includes a 12% contingency, to provide substance abuse and mental health services targeting adults and children, for the period of July 1, 2005 through June 30, 2006.

Prior to the presentation of the CBHS contracts, Dr. Cabaj, Director of Community Behavioral Services, recapped CBHS's efforts to change the monitoring process so that reports include real-time information and give outcomes in addition to deliverables. One challenge is the contract cycle. This is being addressed through 18-month contracts whenever possible. In addition, they want to look at the data system, which is inadequate, having been designed as a billing system. They will be building in quality of life indicators. DPH has requested State funds to upgrade the information system. For the coming year's contracts they will give a summary of the FY 04/05 information, but also a six-month summary of the FY 05/06 contract with the contract report. Further, program managers will also be doing program review. Finally, CalOMS (California Outcomes Measurement System), a data collection and outcomes measurement system, is being implemented by the State. This will provide additional information around alcohol and substance abuse.

Jim Stillwell, CBHS, introduced Jason Moody, BVHPF's new Executive Director. The committee welcomed him.

Commissioners' Comments

- Commissioner Illig urged the agency and CBHS to think creatively about what behavior changes they are trying to achieve, not just to count deliverables.

- Commissioner Chow asked if there is any data that says that acupuncture helps people stay with treatment or successfully complete treatment. Mr. Stillwell said they do not have any comparative data. He has not been impressed with outcomes of acupuncture as a separate modality. However, it is offered as an adjunct to methadone as an incentive to get people into treatment. Commissioner Chow said the cost per dose of methadone in the jail seems high when compared to other programs. Mr. Stillwell said this was just put out to bid, so that price will change.

(3.8) **CBHS** – Request for approval of a retroactive contract renewal with Walden House, Inc., in the amount of $8,264,519, to provide residential mental health and substance abuse treatment services, for the period of July 1, 2005 through June 30, 2006.

Mr. Stillwell introduced Rod Libbey, Acting CEO of Walden House. Mr. Libbey will become the permanent CEO in November. Gregg Sass, DPH CFO, said that Walden House just had its audit released for the year ending June 2005. The auditors issued a clean opinion and the agency has a positive cash flow.

Commissioners' Comments

- Commissioner Illig asked what the best outcome for these services is. Donald Frazier, Walden House Chief Development Officer, said that the best outcomes are quality of life indicators, employment and housing at the end of treatment. CBHS has the same goals, and Walden House would like to work with DPH to evaluate and revise contract outcomes.

(3.9) **CBHS** – Request for approval of a contract modification with Golden Bear Associates in the amount of $63,020 for a new total contract amount of $98,020, to provide technical assistance to Child, Youth and Family System of Care for the period of July 1, 2005 through June 30, 2006.

(3.10) **CBHS** – Request for approval of a retroactive contract renewal with Catholic Healthcare West dba St. Mary's Hospital and Medical Center, for the provision of acute psychiatric inpatient hospital services, in the amount of 1) $120,000 per year in City funds targeting uninsured adolescents and 2) $3,093,539 per year, in Medi-Cal funds for all acute inpatient hospital providers targeting Medi-Cal beneficiaries, for a total contract amount of $5,398,746, for the period of July 1, 2005 through December 31, 2006.

Secretary's Note – Commissioner Illig abstained from voting on this item.

Commissioners' Comments

- Commissioner Illig is concerned about McAuley's poor compliance scores. Katrina Bennett from CHW said that client satisfaction is very difficult for this population.

(3.11) **CBHS** – Request for approval of a retroactive contract renewal with Catholic Healthcare West dba St. Francis Memorial Hospital, for the provision of 24-hour adult acute psychiatric

inpatient hospital services, in the amount of 1) $50,000 per year in City funds, targeting uninsured adults and 2) $3,093,539 per year, in MediCal funds for all acute inpatient providers targeting MediCal adult beneficiaries, for a total contract amount of $3,717,100, (composed of $75,000 in City funds and $3,243,839 in MediCal funds) for the period of July 1, 2005 through December 31, 2006.

Secretary's Note – Commissioner Illig abstained from voting on this item.

(3.12) **CBHS** – Request for approval of a retroactive contract renewal with Catholic Healthcare West dba McAuley Day Treatment, in the amount of $575,309 per year, for a total contract amount of $2,899,557, for the provision of acute psychiatric inpatient hospital services, for the period of July 1, 2005 through December 31, 2009.

Secretary's Note – Commissioner Illig abstained from voting on this item.

(3.13) **CBHS** – Request for approval of a retroactive contract renewal with Family Service Agency of San Francisco, in the amount of $5,521,291 per year, for a total contract amount of $8,281,937, for the provision of mental health services, for the period of July 1, 2005 through December 31, 2006.

Action Taken: The Health Commission (Chow, Guy, Illig, Monfredini, Sanchez, Tarver) approved the Budget Committee Consent Calendar. Commissioner Illig abstained from voting on Items 3.10, 3.11 and 3.12.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Federal Appropriations Update

Members of Congress typically seek funding set-asides or "earmarks" for their districts in the appropriations bills that fund federal agencies. DPH has been working with San Francisco Representative Nancy Pelosi to secure funding for DPH priorities in the FY 2006 appropriations bills currently being considered in D.C.

The Department was awarded an $800,000 earmark in the Commerce-Justice-State Appropriations bill to expand transitional services to inmates recently released from jail. Services provided through this program focus on reducing recidivism in the criminal justice system, facilitating reentry into the community, decreasing homelessness and decreasing inappropriate reliance on the City's strapped emergency health system. These earmarked funds will be used to provide case management and supportive housing coupled with onsite behavioral health services that facilitate stabilization and reentry into the community.

DPH has two additional requests pending in the Labor-Health and Human Services-Education Appropriations bill, which Congress intends to pass before breaking for a holiday recess later this month. The first is for $1.5 million for the Direct Access to Housing Program. These funds would be used to expand access to supportive housing for chronically homeless and disabled persons struggling with medical, mental health and/or substance abuse issues. The second request is for $1.5 million to provide targeted outpatient health care services for women and people of color living with HIV/AIDS. Services would be provided at San Francisco General Hospital's Ward 86, and at the Castro-Mission and Southeast Health Centers.

The House and Senate initially struck a deal to eliminate all earmarks from the Labor-Health and Human Services-Education Appropriations bill. This would have been the first time in about a decade that the bill included no earmarks for either Republicans or Democrats (the Republican majority removed Democratic earmarks from the FY 2004 bill). However, the House voted down the version of the bill without earmarks. Several issues contributed to the bill's defeat, including proposed cuts to rural health and education. Overall, the defeated bill cut funding for the Department of Health and Human Services $976 million below the FY 2005 level. Reports are that later this week the Republican majority will bring to a vote a revised version of the bill that moves more funding into rural health but continues to exclude earmarks. Whether or not the revised version of the bill will secure the additional votes needed for passage is hard to predict, but the outlook for earmarks continues to be bad.

Medicare Part D
Starting January 2006, all Medicare beneficiaries will be eligible for some form of prescription drug coverage under a privatized plan established by the Centers for Medicare and Medicaid Services (CMS.) The underlying structure of the drug benefit is the establishment of a variety of prescription drug plans (PDPs) approved by CMS from which Medicare beneficiaries may select their coverage. Premiums, deductibles, and prescription copays will depend on patient income and PDP selected. CMS has approved 58 PDPs in California, and 10 of these PDPs have been designated as "No Premium with Full Low Income Subsidy" for dual eligible (Medicare-MediCal, or "Medi-Medi") beneficiaries.

The majority of CHN patients (approximately 25,000) are "Medi-Medi", or "dual eligible" patients who will not [illegible] premiums and have low copay amounts. Dual eligible patients will be auto-enrolled [illegible] P by CMS if they do no self-select by December 31, 2005. A smaller group (app[illegible],000 CHN patients) currently receives benefits from Medicare only. A majority of th[illegible] Medicare only' patients fall into the CMS category known as "limited income seniors" (LIS) and are eligible for subsidized premiums and copays. A smaller group of CHN patients with Medicare only coverage are not eligible for LIS provisions of the prescription drug program. A letter has been prepared to be mailed to all Medicare beneficiaries notifying the changes to begin January 1, 2006.

CMS [illegible] PDP plan and formulary information public on October 18. Pharmacy Management had identified three of the 10 "Medi-Medi" PDPs that closely resemble our formularies and had either submitted application to participate or had already enrolled in the prescription drug plans. A training session by CMS staff on Part D and the use of tools and educational materials was held on November 29 in Carr Auditorium. Finally a workgroup comprised of CHN, SFGH, CBHS and LHH staff was convened to recommend DPH-wide policy decisions on copay, premiums, and deductibles related to the PDP. The recommendations will be made public as soon as it is ready for distribution.

State Medical Cannabis Program to begin in January
Dr. Katz announced that DPH will be implementing the State Medical Marijuana Program and issuing State ID cards beginning January 9, 2006. Applications will be accepted at the main entrance to San Francisco General Hospital during the same hours as with the previous program, M-F 1-4pm. Thanks to local advocacy efforts, DPH will return all identifying documents (including the application and the letter of recommendation from the physician) when a card is issued and still be in compliance with State regulations. Although DPH is glad to be able to return all records to the patient and caregiver, since records will not be kept, all lost cards will require a complete re-

application process. For more information about this program and a link to the necessary forms, please go to the website at: http://www.sfdph.org/services/mcidinfo.htm.

As this Commission knows, San Francisco has been a leader in the creation and issuance of medical cannabis ID cards. Staff looks forward to this new program giving medical marijuana patients and their caregivers expanded protection across the state.

New Direct Access to Housing Opens at Plaza Hotel

Dr. Katz reported that DPH will be moving clients into another Direct Access to Housing facility next week when 106 new studio units come on line at the Plaza Hotel located at Howard & 6th St. The targeted clients are chronically homeless people with special needs, including up to 18 Targeted Case Management patients from Laguna Honda Hospital, many in wheelchairs with a variety of special needs. Clients will come to the Plaza from referrals by Homeless Outreach Team, SFGH, Community Behavioral Health Services, Intensive Case Management, Shelters and Community Clinics. A number of units will accommodate clients coming directly from shelters and from the streets in the SOMA area. A dozen former tenants are also expected to return to the Plaza. He anticipates that all units will be filled by mid-January.

Specialty Care Unit E3 Opens at LHH, Update

Laguna Honda Hospital's new Specialty Care Unit, focusing on residents who are substantially challenged by developmental disabilities, opened on Monday, December 12th with the relocation of three residents into the unit. An orientation program for the newly appointed unit E3 nursing and activity therapy staff was provided on December 8th. This session provided staff with an overview of developmental disabilities and definitions, rights, differentiation between mental retardation and mental illness, and a review of normal growth and development. This was the first of many educational sessions planned for the unit focusing on developing staff's knowledge of this specialty group.

On December 15th, E3 staff, IDT members and other representatives of the health care team will visit the ARC and Creativity Explored – day programs serving the intellectually disabled and developmentally delayed community – with the goal of increasing our familiarity with their programs as well as strengthening ties between LHH and these organizations.

Staff is excited about the opening of this specialty unit, as it signifies continued progress in providing the best care possible for the various groups of residents LHH serves.

Project Homeless Connect: Year End Review

Since its inception in October 2004, the Department of Public Health's Community Programs has been working alongside the Mayors Office, helping to spearhead San Francisco's Project Homeless Connect (PHC). PHC is truly a public/ private/ community collaboration. Every other month, 189 non-profit agencies and private businesses (and this keeps growing) join over 1,000 volunteers (95% community and corporate individuals) to assist 1,000+ homeless San Franciscans connect to the city's health and human service system of care.

Since its inception, 8,368 clients have been served at one of the bi-monthly PHCs. For Public Health, this means:

- 1369 people seen at medical
- 73 TB tested
- 580 referred to mental health and substance abuse treatment
- 97 HIV tested

- 443 received methadone detox
- 231 in stable housing
- 488 referred to shelter
- 265 flu shots
- 702 eye exams

Through the generosity of the corporate sector 378 people received free prescription eye glasses (Lenscrafter), 786 people were able to make phone calls to their families anywhere in the US (Sprint/Nextel) 62 people received new and/or fixed wheelchairs (Whirlwind Wheelchairs Inc.), and the list goes on. The Mayor has challenged the private sector to raise $5 million matched by City government to go directly into increasing supportive housing.

The next PHC is February 16th and we continue to encourage DPH employees to participate. Information about PHC is available on the website: www.projecthomelessconnect.com

Community Health Network, San Francisco General Hospital, Credentials Report, December 2005

	12/05	07/05 to 12/05
New Appointments	10	98
Reinstatements	0	0
Reappointments	43	184
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	10	67
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Deceased	0	0
Changes in Privileges		
Additions	3	29
Voluntary Relinquishments	2	19
Proctorship Completed	17	54
Proctorship Extension	0	6

Current Statistics – as of 12/1/05	
Active Staff	477
Courtesy Staff	572
Affiliate Professionals (non-physicians)	191
TOTAL MEMBERS	1,240

Applications In Process	23	
Applications Withdrawn Month of December 2005	1	1 (07/05 to 12/05)
SFGH Reappointments in Process Jan. 2006 to Apr. 2006	288	

Commissioners' Comments

- Commissioner Monfredini, regarding Medicare Part D, asked how DPH is outreaching to its specific clientele. Dr. Katz said it is being handled differently throughout the system depending on the patient. Some places are using eligibility workers. In other places the clinicians are helping clients navigate the system. There are three plans that most closely mirror the medications DPH clients are on, and all providers have been informed of these three plans.

- Commissioner Tarver attended the DPH provider training on Medicare Part D, and it was a wonderful effort. The training was so excellent and so well attended that it might behoove the Department to convene a follow-up provider meeting as well as a consumer forum.

- Commissioner Guy attended a consumer orientation this past July with Senior Action Network. Is DPH connected to this effort? Dr. Katz said the Department is connected.

- Commissioner Chow said that one of the most serious areas of concern is Medicare-only patients in the lower income group in terms of the one-time change rule. Another issue is that all dual-eligible clients would have a co-pay. There may be a need to work with CMS to modify the rules.

5) EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF DECEMBER

Commissioner Monfredini presented the Employee Recognition Awards for the month of December.

Team Award #1	**Division**	**Nominated By**
SFGH Trauma Team • Patti O'Connor, RN • Robert MacKersie, M.D. • Linda Doyle • Lillian Li • Lauris Jensen, RN • Andrea Kozimor, RN	SFGH	Sue Currin

Team Award #2	**Division**	**Nominated By**
SFGH Quality Management Team	SFGH	Gene O'Connell

6) SAN FRANCISCO GENERAL HOSPITAL ANNUAL REPORT

Gene O'Connell, SFGH Executive Administrator, gave an overview of the San Francisco General Hospital Annual Report. She reported that today's hospital census is 361. She reviewed the hospital's mission, vision statement and value statement. She then gave an overview of patient demographics, including age, gender, race, neighborhood and payer sources. She said SFGH served seven percent more patients this year than last year. She reviewed the net patient revenue, which has increased from $114 million in FY01 to $184 million in FY05. Ms. O'Connell highlighted some of the FY05 accomplishments, in the context of the hospital's 2004-2005 goals.

Goal 1 – Improve Staff Retention

- $2.3 million grant from the Moore Foundation to fund an RN Internship Program, Preceptor Development Training and Mentor Program
- An additional 14.8 RN FTEs were allocated to comply with state-mandated nursing ratios
- Sign on bonuses and increased salaries for radiology technicians
- Recently negotiated sign on bonuses and increased salaries for pharmacists to decrease the vacancy rate
- The hospital's overall vacancy rate decreased from 9.1% in 2003-04 to 7.9% in 2004-05

Goal 2 – Assess and redesign processes and resources to maintain operational efficiency

- Redesigned Department of Education Training and the Utilization Review Department in Fall 2004
- Reorganized Trauma Program and Emergency Services under the Director of Patient Care Services
- Redesigned outpatient prescription drug benefit for clients enrolled in Healthy Workers

Goal 3 – Maintain favorable variances to budget for both patient revenues and operating expenses

- Documented ICD-9 Codes
- Implemented business plans
- Ensured that providers have PIN numbers
- Increased cash collections by 10% over prior year
- Improved patient flow and community placements

Goal 4 – Improve access to outpatient and diagnostic services

- Implemented Video Medical Interpretation (VMI)
- Obtained funding for MammoVan and began operations in February 2005
- Eye Van operational in September 2004
- Expanded Urgent Care
- Added six new exam rooms in Family Health Center
- Implemented eConsult Pilot Project in GI and Liver Clinics
- Partnered with Catholic Healthcare West

Goal 5 – Complete Level 1 Trauma Center verification and designation

- Completed the ACSCOT survey and granted verification status as a Level I Adult and Pediatric Trauma Center

Goal 6 – Plan and design air medical access for SFGH

- EIR in process
- Gerson/Overstreet Architects hired November 2004 to complete helipad design and permitting that is necessary for completion of EIR

Goal 7 – Plan for the replacement hospital

- Mayor Newsom appointed the Blue Ribbon Committee charged to determine SFGH's future location. The recommendation is to build on Potrero campus

Goal 8 – Participate in the transition to a single DPH information system

- Implemented a single Medical Record Number policy throughout CHN
- Formed workgroups to standardize medical terms used in assessments throughout the CHN
- Implemented a single enterprise-wide billing system
- Collaborated to renegotiate Siemens contract to include Critical Care, Medical Oncology and Emergency Department Systems for SFGH at no increase in cost

Goal 9 – Ensure patient placement at the appropriate level of service within the continuum of care

- Three floors of SFBHC successfully licensed and opened
- Continue to explore ways to decrease administrative and decertified days through the Bed Utilization Committee
- Development of a shared database between Med-Surg and Psychiatry continues
- Implemented the on-line bed tracking system
- Continue to hold meetings daily to review patient status and determine placement needs

Goal 10 – Meet all regulatory standards and regulations

- Successfully completed a number of accreditation and licensing surveys, including JCAHO
- Participated in the third PEP-C Survey with noticeable improvements
- Participated in numerous patient safety initiatives

Ms. O'Connell reviewed the 2005-2006 goals. There are two new goals: promote patient safety; promote organizational and staff cultural competency.

Ms. O'Connell's executive staff reviewed the policies and procedures. Sharon McCole-Wicher, Director of Behavioral Health Services, presented the Plan for Provision of Care, the purpose of which is to define organization-wide processes and activities that maximize coordination and provision of care. Revisions to the policy: updated demographics of community served; updated financial mix of outpatient and emergency visits, inpatient discharges; revised Scope of Service statement with updated statistics on beds, census, visits, discharge days, active and courtesy members of the medical staff; updated organizational chart and provided 04-05 SFGH goals.

John Luce, M.D., Chief Medical Officer and Medical Director, Quality Management, presented the Performance Improvement and Patient Safety Program (PIPS). The purpose of PIPS is to promote and define an organization-wide process for performance improvement in patient care, decreasing medical errors and enhancing patient safety. Dr. Luce described the work of the committee. Changes to the policy: creation of Patient Safety Officer position. Dr. Luce also reviewed the Inpatient Utilization Review Program. This program is designed to promote and support quality patient care and increase effective and efficient utilization of available facilities and services. There are no changes to this policy.

Rod Auyang, Human Resources Manager, presented the Employee Performance and Competency report. The purpose of the report is to provide assessment of staff competency, identify training needs, describe educational programs, describe levels of competence and report staff competency to the governing body and SFGH leadership. Between 98.4% and 99% of performance evaluations met or exceeded standards. Staff rated with "unmet standards" did so primary due to problems with time management, communication or quality of work. Staff who do not meet standards are not permitted to provide patient care duties unless closely monitored or show improvement to the point where patient care is not compromised.

Dr. Andre Campbell, Chief of Medical Staff, gave a medical staff update. He discussed medical staff honors and awards and medical staff changes. He described issues of medical staff resiliency, including the death of an esteemed colleague in Nuclear Medicine, a loss of seven faculty members in Radiology and a maximum 80-hour housestaff workweek. Medical staff issues: chronic longstanding shortage of space—including research space—money and personnel. Yet commitment to clients and patients remains undiminished. Challenges on the horizon include the budget deficit and its impact on patient care, disaster preparedness, bird flu, air medical access and the hospital rebuild. In conclusion, Dr. Campbell said there are many challenges but the medical staff remains dedicated to patient care. Radiology issues are being address. Medical staff continues to win teaching awards. And the academic community remains vibrant.

Public Comment

- Bob Ivory, R.N., works in the emergency department, is the shop steward for SEIU and a newly appointed member of the labor monitoring committee. Staffing at SFGH is critical. As the hospital expands its trauma catchments areas beyond San Francisco borders, and embarks on other activities that will bring more patients, it is critical to expand the hospital to accommodate these effc[illegible] have [illegible] the hospital to help to put a band-aid on the issue, including sh[illegible]ment efforts, etc. The labor monitoring committee looks forward to working with administration to pinpoint staffing problems and arrive at common sense plans of correction.

Comm[illegible]

- Commissioner Monfredini said this is an excellent report. She has the pleasure of serving with the executive staff as chair of the San Francisco General Hospital Joint Conference Committee.

- Commissioner Illig is pleased that staff satisfaction and morale is one of the values. Does the hospital do staff satisfaction surveys? Ms. O'Connell said that it seemed inappropriate to lay off so many staff people at the hospital, and then turn around and asked if staff was satisfied. So they deferred looking at this issue. Subsequently they participated in the Stanford Study around staff and patient satisfaction, which looked at key issues. It has been very valuable to be able to hear directly from staff. This is an 18-month process, after which they would have more data. Commissioner Illig's point is that when administration checks in with staff, this improves retention. Commissioner Illig lauded the high rate of performance evaluations at SFGH. Ms. O'Connell said that while she wholeheartedly supports surveys, but it is almost impossible to take staff away from other mandated reports that staff must perform. It will at least be done annually.

- Commissioner Guy said it might be useful to have a discussion at the SFGH JCC to look at other ways of getting at patient satisfaction that are not prohibitively expensive or time consuming. Ms. O'Connell said there are a lot of targeted efforts to identify patient satisfaction—through clinics, the Avon Center, etc.

- Commissioner Chow said this is one of the most illuminating reports he has seen. SFGH is deserving of the moniker "best public hospital in the country." Staff has accomplished much during times of tremendous change. Commissioner Chow said there is an opportunity to build community ownership through a community advisory committee, and perhaps the hospital should consider establishing such a committee. He said that many activities that measure patient satisfaction are probably already being done. With regard to employee performance reviews, Commissioner Chow assured the Commission that Laguna Honda is being held to the same standards as SFGH.

- Commissioner Guy appreciates the contradiction of all the achievements that have been made at the same time so many cuts were made. She also wants to highlight again the fact that the hospital is budgeted for 302 beds but continually must operate at a higher census. These contradictions are tiring realities and the community must fully appreciate this. We need to find vehicles to articulate this. Commissioner Guy said the Video Medical Interpretation project is a remarkable achievement, which entailed much trial and error. She asked why Medicare has increased over the past year. Ms. O'Connell said there are two primary reasons. First, SFGH is doing a better job eligibilizing people. Second, many SFGH patients who age into Medicare are choosing to continue to receive services at SFGH, rather than switching to another provider. Dr. Katz added another reason, which is improved treatment of HIV patients, who are now living long enough to become eligible for Medicare.

- Commissioner Sanchez said this is one of the most comprehensive, qualitative reports that has been presented to the Health Commission. SFGH is the best public hospital in the country. The retention and recruitment issues are eye opening. What the staff has done is commendable, particularly with the administrative support being dismantled through cuts.

- Commissioner Tarver commended staff for the excellent report. It is reassuring to see SFGH being able to get beyond silos, even with the budget cuts. He is looking for Laguna Honda to benefit and borrow from SFGH's successes. He looks forward to the results of the George Washington University study. He asked what the hospital's response has been to the PEP-C survey findings regarding discharge instructions. Ms. O'Connell replied that staff is changing the discharge instructions, and she hopes to see improved results in this area. Commissioner Tarver said it is important to look at a person not just as an SFGH patient, but also as part of the entire DPH system. He said there is so much good news at SFGH, and asked what the plan is to publicize these accomplishments. He also asked the status of security at the hospital. Ms. O'Connell said securing the institution has been challenging. Staff has tried to address security issues. Recently the biggest concern has been the emergency department, and the security enhancement project for that area is underway. Future projects include card key and code access. Commissioner Tarver wants to engage in a discussion around the dialysis unit to reach a solution so that the unit is not closed at SFGH without an alternative. Ms. O'Connell replied that she just purchased six new dialysis chairs so she will not be offering up the unit as a budget cut again. She has been in consultation with Laguna Honda regarding on-site dialysis at LHH.

- Commissioner Chow said UC has made a strong commitment to research space at SFGH and asked Ms. O'Connell for a status report. Ms. O'Connell said staff has met with UC to discuss space needs, and there is a disagreement about size. Overall, however, it was a positive discussion. The next step is for the City to determine the SFGH rebuild site so that UC could decide on the research space location. SFGH medical staff has developed a position paper, which Dr. Campbell will send to the commissioners.

- Commissioner Monfredini said it would be interesting to see if discharge planning is improved when the patient has a family or friend involved in the process. She added that security must continually be addressed. Finally, she thanked Ms. O'Connell for being an incredible team leader.

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Tarver) accepted the report and approved the policies and procedures.

7) APPROVAL OF A REVENUE SUPPLEMENTAL APPROPRIATION FOR SAN FRANCISCO GENERAL AND LAGUNA HONDA HOSPITALS

This item was continued to the January 10, 2006 Health Commission meeting.

8) PUBLIC COMMENT/OTHER BUSINESS

None.

9) CLOSED SESSION

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Tarver) voted to hold a closed session.

The Commission recessed for five minutes and moved to San Francisco General Hospital Conference Room 2A6.

The Commission went into closed session at 6:00 p.m. Present in closed session were Commissioner Chow, Commissioner Guy, Commissioner Illig, Commissioner Monfredini, Commissioner Sanchez and Commissioner Tarver.

C) Closed session pursuant to Government Code Section 54957 and San Francisco Administrative Code Section 67.10(b)

PUBLIC EMPLOYEES PERFORMANCE EVALUATION:

DIRECTOR OF HEALTH,
MITCHELL H. KATZ, M.D.

D) Reconvene in Open Session

The Commission Reconvened in open session at 8:00 p.m.

1) Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2) Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Tarver) voted not to disclose discussions held in closed session.

10) ADJOURNMENT

The meeting was adjourned at 8:00 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be reflected in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

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